

APPENDIX

Index

I. Sentencing Letters:

- a. Ali's Letter to Judge Hilton – AA000001 - AA000003
- b. Letters from Immediate Family:
 - i. Amani Ibrahim (Mother) – AA000004 – 8
 - ii. Yassir Rustom (Step-Father) – AA000009 – 10
 - iii. Shukri Abdelirahim (Biological Father) – AA000011 – 12
- c. Letters from Extended Family:
 - i. Hala Eltahir (Aunt) – AA000013
 - ii. Mohamed Ibrahim (Uncle) – AA000014
 - iii. Saja Ibrahim (Cousin) – AA000015
 - iv. Ali Ibrahim (Cousin) – AA000016
 - v. Gigi Ragaa Abdulomoniem (Second Cousin) – AA000017
 - vi. Tarig Ibrahim (Uncle) & Ahmed Ibrahim (Cousin) – AA000018 - 19
- d. Letters from Religious Figures:
 - i. Mustapha Foud (Imam) – AA000020
 - ii. P. Douglas Chapman (Reverend) – AA000021
- e. Letters from Teachers:
 - i. Bruce Averill (Chemistry Teacher) – AA000022 - 23
 - ii. Christine Dolan Kessler (4th Grade Teacher) – AA000024 - 25
- f. Letters from Friends:
 - i. Rahma Foud (Ali's Student) – AA000026
 - ii. Ellias Foud (Ali's Student) – AA000027
 - iii. Maryam Foud (Ali's Student) – AA000028
 - iv. Zayd Foud (Ali's Student) – AA000029
 - v. Abdullah Khalid (Member of Ali's Mosque) – AA000030
 - vi. Syed Saad Haqqani (Member of Ali's Mosque) – AA000031
 - vii. Alaa Abdelhamid (Member of Ali's Mosque) – AA000032

II. Dr. Ian Leibowitz Affidavit – AA000033 - 35

- III. Curriculum Vitae for Dr. Jeffrey Aaron – AA000036 - 44
- IV. Dr. Jeffrey Aaron's Forensic Psychological Evaluation – AA000045 – 58
- V. Ali Amin Medical Records – AA000059 – 110
- VI. Ali Amin Educational Records – AA000111 – 128
- VII. Reentry and Counter-Radicalization Program Materials – AA000129 – 149
- VIII. Miscellaneous (New Media) – AA000150 - 153

SENTENCING LETTERS

August 19, 2015

Dear Judge Hilton:

I have been sitting in my jail cell since being sent to the Northern Neck Regional Jail in March and have thought every day about my crime, why I got involved in supporting a terrorist organization, and what I would say to you when it was time to be sentenced. I don't have answers to all these questions, but I have struggled hard to find explanations so that you might understand and so that I might be able to help other young men make better decisions when they arrive at such a critical juncture in their lives. Being away from my family and the life that I was trying to create has given me some wisdom, but also a lot of humility and deep awareness that in my search for identity and meaning I became lost and caught up in something that takes the greatest and most profound teachings of Islam and turns them into justifications for violence and death. I continue to sort through the ways I became susceptible to being manipulated into believing in and advocating violence and although that work is ongoing, I can tell you that many things have become clear.

The first point of clarity that I want you to know is that I denounce ISIS, its violence and the way it twists the core tenants of Islam into weapons killing and oppression. Coming to this recognition has been painful for me because I carried a great certitude about my beliefs, but this experience has shaken me and forced me to re-examine and confront inconsistencies in my basic theological principles. In my early teens I sought to deepen my religious faith and to make sense of the things that I was reading about in Iraq, Afghanistan and Syria. I first turned to the adults in my life and later the Imams. Because I had committed myself to understanding the Quran, I posed many difficult moral and religious questions about what a faithful Muslim is called to do when he sees secular authorities committing atrocities against innocent Muslims. Because of the intensity of my feelings about these injustices, I was driven to find the answers. Most specifically, I came to believe that I was called to engage in an essential struggle – the jihad - to stop the killing and oppression of Muslims in the Middle East. The adults in my life could not provide adequate answers or seemed to busy to try, and this included several respected Imams who engaged me briefly, but always were too busy to take the time to provide sufficient authority for what I then perceived as needlessly pacifistic responses to naked violence.

In the absence of a constructive dialogue about my religious obligations with adults that I respected, I began to correspond with a number of people on the internet who filled in the gaps and provided increasingly radical answers to my questions. In acknowledging this fact, I do not try to justify what I did or blame my parents or the “too-busy” religious teachers, but only try to explain my thinking at the time. All of the

people that I met and came to respect challenged me to demonstrate my convictions and encouraged me to become a more active presence on the internet and to advocate violent jihad. Developing these relationships became very important to me because several of these “friends” treated me with respect and occasionally reverence. For the first time I felt that I was not only being taken seriously about a very important and weighty topics, but was actually being asked for guidance. Eventually, because I was able to express myself and my religious faith clearly and provide answers of my own, one of my internet friends encouraged me to develop my own platform to express my views and to begin proselytizing other people toward jihad. From this I began to feel I was making an important contribution to a global movement that would result in a more just society for Muslims, and I was doing so by advocating what I believed were legitimate approaches based on Quran. I see now that although I could intellectualize what I was doing, including making compelling religious arguments that influenced people toward violence, I had become lost and my Muslim faith had become unmoored from the central theology of Islam which, while it requires jihad in some limited circumstances, is fundamentally a peaceful religion founded on dialogue, understanding, and active engagement. By assimilating into the internet world instead for the real world, I became absorbed in a “virtual” struggle while disconnecting from what was real: my family; my life, and my future.

I am deeply ashamed for becoming so lost and adrift from what I know in my heart is right. Although I have had many challenges in my first seventeen years that contributed to my predicament, I take full responsibility for what I did and I don’t blame it on anything other than my own arrogance and my own need to feel I was doing something historic and important. That doesn’t mean my religious convictions have been shaken; actually it is the opposite because I believe I am living and believing a more pure form of Islam. But I also see that by putting my own needs for validation and recognition above Islamic teachings, I participated in my own confusion and denigrated my religion. And even though many of the people who I came to know and rely on through the internet clearly had their own distorted motivations for communicating with and influencing me, ultimately they did not control me. I made my own choices, even if eve they arose from a distorted perspective and beliefs.

The Quran teaches that I became a man at puberty, even if the secular law recognizes a later age. Because I am an adult in the eyes of Allah, I have insisted on taking responsibility for my actions and for the consequences of violating the law, but also for making the changes in my life and beliefs so that I never again bring dishonor on my family or my faith. Since my arrest, my mother, step-father and younger siblings have been subjected to a great deal of negative attention, including ridicule and threats, because of my actions and this has forced them to relocate and leave a home where they had felt comfortable and happy. Through seeing the pain in my mother’s tears and thinking about how my little sister may be stigmatized by my choices and behavior, I have gained a broader understanding of how my choices impact the people I love. That

feeling will never leave me and will guide me in making all the important decisions in my life.

When I was first arrested, I was overwhelmed with the sense that I had ruined my life, and then overwhelmed by the belief that I had ruined my family's life also. But in the face of my shame and desperation, my family's love and support has never waivered. If anything, it has deepened and grown stronger, and I have come to see how essential this foundation is for me. As a result of what I did – both violating the law and admitting my guilt - my relationships with my mother and step-father have become more honest, real and substantial. We have worked hard to address longstanding problems and to build a healthier relationship. I can see that by secluding myself from their guidance, I made myself more susceptible to harmful influences. Like Christianity, Islam teaches the faithful to honor our parents and to be mindful of their guidance. By keeping secrets from my parents and exploring a “fantasy” existence, I now see I was dishonoring my family and my faith. Developing a more open and honest relationship with my parents has brought me more in line with my true values and religious convictions.

Since even before my arrest I have endeavored to understand and correct my errors in judgment and belief, as well as the myriad of personal problems that contributed to my distorted thinking. While it can never take away the crime that I committed, I have met with authorities nearly a dozen times, answered every question that they have asked, and provided constructive assistance to their investigations. I will continue to do so for as long as it is needed. In providing this type of assistance I have exposed my immaturity and under-developed belief system to inspection by nearly a dozen government officials, and this has been humbling, even humiliating at times. But I want you to know that I have participated in this process because it reflects both my commitment to the rule of law and my honest effort to live consistently with my true beliefs.

I understand that the punishments for this crime are potentially severe and there is a wide sentencing range you can consider in passing judgment. I respectfully ask that you consider those aspects of my life that contributed to my distorted thinking and actions, as well as my efforts to atone from what I did. If you have any questions about my sincerity to overcome my poor decisions, please ask them during sentencing.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ali Amin', with a stylized, cursive script.

Ali Amin

Date: August 12, 2015

To: The Honorable Judge Claude M. Hilton:

I am Ali Amin's mother, Amani Ibrahim. He is my first born child, and I write this letter because I love my son, am committed to his development and growth, and believe that in giving you some context and background information about who Ali is, you may better understand what led him to make such a serious mistake but also why he would make the most of a second chance in life.

When we immigrated from Sudan in July 1999, Ali and I entered the United States as legal immigrants but left behind the comforts of our family, friends, and the home land. I made this very hard decision because wanted to make a better life for myself and Ali, who was only 18 months old at the time. The move, though, was also prompted by a grave threat from Ali's biological father and my former husband, Shukri Amin Abdelrahim, who threatened to take Ali custody from me if I would seek a divorce. Because Shukri and I did not have a strong marriage and I believed that to create the best life for Ali I needed to leave, I chose to come to the United States rather than lose my son.

Before immigrating to the United States, I had assumed that life here would be somewhat like the Netherlands where I earned my Master's degree. I was very surprised and unprepared for what I found. For one thing, the cost of living in the United States was very high and in the early years we had barely enough money to survive. Similarly, unlike the Netherlands, there were no social programs in the U.S. that helped us get on our feet. As a result, Ali and I lived in a cramped basement in Maryland and I took a job working in a copier center in Washington, D.C. Because we were so poor, we really struggled a lot financially and I had to leave Ali for long hours with a baby sitter who, in hindsight, had no real ability to care for Ali and would leave him alone for long periods of time. I was also very stressed and tired all the time and sometimes felt too exhausted to give Ali the time and attention he needed. To this day I have deep regrets for not be able to be a better caregiver for my son and I think it greatly affected him growing up.

Ali was born with a congenital defect in which the fingers on his hand were fused together. This defect required four painful surgeries when he was very young as well as deformed digits. In the first couple years in the U.S., Ali underwent his third and fourth hand surgeries, the first and second ones in the U.S. At this early age, Ali was very aware of this defect and that has followed him his whole life.

Around the time of this surgery, while Ali and I were still living in Maryland, other members of my family joined us and I began to have some support. Because the basement apartment was too small, we eventually moved to Virginia. Once we relocated, I enrolled Ali in the Head Start Program. He had just turned three years old.

For the first ten years of our lives in the U.S., I never thought about getting into any relationship, because it took all my energy to make ends meet and to raise Ali. Being a single mother was very challenging for me and I regularly felt that I was letting my son down. From an early age Ali was very sensitive and he always presented as extremely fragile emotionally. Because of this I became overprotective of him and that may have limited his ability to adapt. I now see that a lot of my overprotectiveness was not about Ali – because children need to play and have friends – but arose from my own fears and sense of foreboding that something bad might happen to him.

I always knew that Ali really missed having his father in his life, so I made efforts in the early years to reach out to Shukri. Eventually, when Ali was four years old, his father came and visited him for one week. This was the first time he saw Ali in since he was born. At the end of the visit Shukri promised Ali he will be back in the summer and this made Ali so happy because he really enjoyed being with his daddy. Unfortunately, Shukri did not come back that summer and has never seen his son since. When his father did not come back as he had promised, Ali was very sad and since that day he would ask me a lot about when his father will come back, and why he did not come back, and it became clear that Ali blamed himself for this. Although I tried to reassure Ali, I was not able to answer his questions. I never told Ali anything bad about his father because I didn't want Ali to hate his father. Eventually Ali forgot about this visit entirely and came to believe that he never actually met his father. Maybe this was the saddest thing of all about that visit.

Despite all these struggles, Ali grew up with his grandmother, two uncles and their families, and he became a very sweet and polite boy who loves to draw and play games, especially ones that challenged his mind. During the developmental years I noticed that Ali tended to hide his deformed hand in his pockets because he didn't want the other kids to stare or tease him about it. In almost every picture taken of Ali when he is young you can see him actively trying to shield his hand from view because he was so self-conscious about it. I can't help but believe that the deformed hand made Ali feel odd or very different, and less social because of his embarrassment.

Around age ten, Ali began to experience painful and occasionally excruciating abdominal pain. Although he had always been small for his age, and very underweight, after these pains started he lost his appetite and began to lose a dramatic amount of weight, and did so very rapidly. Out of concern for his health, I took him to a doctor who diagnosed with Crohn's disease. The Crohn's was a major turning point in our lives and we spent the next three years in and out of the hospital. It was very tough on both of us because Ali was experiencing chronic and severe pain, and I felt helpless to do anything to help or even make him feel better. Over those years his disease gravitated from severe abdominal pain to internal bleeding, to losing energy, and eventually a lot of sadness and depression. Where Ali had always been a bright-eyed boy, the Crohn's really seemed to take something out of him and make him feel even more isolated. I can see now that as he began to retreat emotionally, and I made choices that made the situation worse. For example, Ali had always liked engaging in sports and other social activities, but because of his disease and a misguided attempt to protect him, I removed him from Taekwondo

classes – the one physical activity we had found for him that he enjoyed – and failed to replace it with something else.

Around the time we were struggling with Ali's Crohn's, my brother, Mohamed and his family, my mother and Ali and I moved into live a single family house together. Living in this cramped environment gave Ali his first playmates and he really enjoyed having his cousins - Saja, Ali and Samreen - around him, but it was obvious from the outset that he didn't share with their interests in playing outside and doing the things that most kids like to do. By age eleven, Ali has already retreated to the point that he would always choose to isolate and engage in solitary activities such as school work, watching TV, playing video games, or just drawing rather than go outside to be with his cousins or kids in the neighborhood.

Regardless of his disease, or maybe because he felt limited by it, Ali excelled in the school from an early age and his grades were always very good. At times he was enrolled in a gifted and talented program. When I was studying at Georgetown University, he was so advanced in some areas that he would help me with my homework. Even though I felt that we had a good relationship, I still always worried about him because of the lack of peer relationships. Again, I can now see that I unintentionally may have caused this out of concern for his health because I would not allow him to do things, such as go for a sleep-over at any of his friends' houses, because I was worried about his health and the possible embarrassment he would feel if he had an accident. My anxiety about his condition led me to regularly check on him several times at night just to make sure he is ok and not in distress.

When I met my husband Yassir, Ali was about 13 years old and I was worried about Ali would react to him. After telling him about the relationship, Ali said he was ok with the idea of me remarrying. Even though he said he was happy, I sensed that he was also worried that someone might displace him in my life. Up until this point, Ali had always slept with me in my bed and having a new husband would create physical distance between us that might be very threatening. To compensate, I tried to show him even more caring so he did not feel pushed aside. When Yassir and I married we stayed at the same family house for 6 months and then we moved to our own place in 2012.

Getting our new place was something Ali really wanted; he told me that we really needed to have our own family. Ali and Yassir got along pretty well and surprisingly Ali started to call Yassir "baba". Moving to our new place took Ali from being surrounded by cousins to being in a whole house for him. But eventually he started to feel lonely and so I encouraged him to invite his friends to our house. Around this time Ali started to be eager to learn more about the Islam and started to dig in the internet. I was kind of happy that unlike other teens he was looking to study about his faith. I never thought that letting him have access to the internet by himself would put him at the risk of finding the wrong information about Islam and meeting the wrong people who may guide him to the wrong path. I see now that I was not only naïve, but had abandoned an important responsibility.

In 2013 I gave birth to my daughter Maryam (Ali's baby sister) and her arrival brought so much happiness to the family. The same year Ali was accepted to the George Mason University program, one where he could earn credit hours for the university while still in high school. He was telling me I need to get as much credit hours as I can so I help you with my university expenses. Unfortunately, as soon as he entered the program he had a severe Crohn's flare-up that caused him to miss school for 4-5 weeks. This really had a strong impact on his academic performance for the first time in his life. His grades fell behind and he was expelled from the program; solely for academic standards and reasons. This was a very big frustration for him.

After the intensive program he used to attend at George Mason he ended up going back to his regular school and he soon became bored. This coincided with a significant increase in the time that he dedicated to being on the internet. Even though I saw this as a problem, I still didn't want to prohibit him not to stay long hours on the net because I was thinking the frustration and withdrawing would go away with time and he will start acting normal soon. But he didn't. Yassir and I started to get worried about him and we started to look into his phone and his computer and we found something shocking. Ali was talking to people who seem much older than him and in topics that were never discussed at our house such as Jihad and ISIS.

Early in 2014 Yassir and I met with Imam Magid at ADAMS Center and he advised us to bring Ali to him. Ali met with the Imam and it was a very good meeting where Ali and Imam Magid agreed to connect by Skype as the Imam would give Ali lectures in a famous book in Islam named Al Akhdari. Unfortunately, Ali was not able to get connected with the Imam because on the same day when we came back home we told Ali that we will take his computer and let him talk only to the Imam. Ali was really upset and he left the house to stay with his uncle Mohamed. He stayed there for two months. The Imam was able to reach out to him and asked him to join the ADAMS Center Spring Camp.

The Spring Camp was for one week and Ali was really excited to go. He met with new Muslim people, made friends and he attended lectures about Islam. When he came back from the camp he wanted to come back home and so he did. I believe the camp had a very positive impact on him. He came back to his normal life and things started to improve again. In October of 2014, Ali started to do a lot of online activity, I was pregnant with my son Yousif (Ali's baby brother), and then we consulted again with Imam Magid who advised us to get in touch with the authorities to protect Ali from those people. We followed this advice and that decision contributed to Ali being investigated and prosecuted.

Before his arrest I had dreamed that Ali will go to college and I was probably more excited about this than he was. I wanted to feel the reward of 17 years of raising my son to be a successful man that will benefit himself, his family and the community. Unfortunately, the internet and the online recruiters for ISIS or any terrorist group stole my dreams and my son dreams. The fact that we reached out to the authorities is the only light in this tragedy but it is a light the burns too because while we are glad that Ali did not go abroad, we also feel very confused and conflicted about having played a role in him being arrested. To resolve this deep conflict, I have to trust in

God because I know in my heart that Ali is an amazing young man and will take this experience to become a better, more faithful Muslim and he will give back to his community.

I believe so many factors contributed to Ali becoming radicalized, factors about his life such as the absence of his father, my remarrying and Crohn's disease which made him let go of the things he really loved to do such as the Taekwondo and George Mason University. Other important factor is that I was not strong enough with him, I let him stay in the internet without any restrictions and I was always over caring about his wellbeing. I think they call this "enabling" and while I thought I was protecting him, I see that I may have caused him to become isolated and not very socialized. More than anything, I see that as a result of all these circumstances, Ali became socially isolated, never fully assimilated into the greater American community, and this detachment made him highly vulnerable to the negative influences and exploitation of people on the internet.

Since Ali was arrested I got the chance to re-build my relationship with him. As I've gradually stopped feeling guilty about the mistakes I made in the way I raised Ali, I've begun to speak with him about how wrong the ideology of the terrorists and other groups who twist Islam. I visit Ali every week and I speak with him over the phone. Ali has changed; he is more open in talking to me and Yassir and he always expresses regrets what he did to himself and to us. He is particularly sad that his actions have caused so much pain in our family, especially his little sister who he loves more than anything. This experience made him grew into another person who I'm sure is a better one.

We have learned a lot from this hardship; we learned to stand together again as a family, we learned to be open and share our thoughts and believe, and most importantly we learned that Islam is a religion of peace that was framed by bad people as a religion of killing innocents.

Ali is very ready now to study the true Islam as he is back to the right path. I will not let those people steal our dreams and destroy our lives. Ali and I and my entire family will fight back and make every single family in the United States know about our story, how to detect the early signs of radicalization and how to make the necessary interventions.

Your Honor, Ali needs a second chance to make a real difference. He needs Islamic rehabilitation so he can deepen his faith and understand the truth about his religion. Given this chance I know he will make a difference not only for himself or his family but for the entire Islamic community in the United States.

Respectfully,



Amani Ibrahim

Ali Amin's Mother

703-963-2483

Date: August 10, 2015

To: The Honorable Judge Claude M. Hilton:

My name is Yassir Rustom and I am Ali Amin's step-father. I saw Ali for the first time on June 2011 when I started my relationship with his mother, Amani Ibrahim. He was fourteen years old at that time. On December 2011 Amani and I got married and I got to know him more closely. Since the first few days I noticed that he is very polite, respectful and he is an observant Muslim who is eager to learn about his religion. I also noticed that he is very smart and loves to read and interested about what is going on in the world. I came to know that he is a very good student and has a lot of plans for his future and career.

When Amani and I were engaged, in August 2011, he was taking SAT classes at Kaplan. He was a 9th grade student at that time. It was really unusual and I asked him once why you are taking those classes that early he replied I need to be prepared for the exam since 9th grade because I want to go to a reputable collage. We became friends very quickly and it didn't take much time until he started calling me Baba.

When I got to know Ali more, our relationship started to get stronger and I learned that he has Crohn's disease. Amani told me about how much he suffered and still suffers from it. I also started to notice that Amani over care for him. She was always trying to make him happy and not to hurt his feelings. For instance if any of his friends wants him to stay overnight she will insist that he doesn't. On the other hand, she will be very happy to have his friends over for days staying at our house. The school bus was a walking distance to the house, but she will always make sure to drop him and pick him up or asked me to do so. Due to his disease, Ali was very picky in food so no matter what Amani cooked he used to not eat it. The alternative was to order food or go eat outside.

At the beginning I used to not tell her anything and then I started to have lengthy discussions about this with her. I used to tell her "let him grow as a man away from you", "If he doesn't like the food you cook then let him feed himself", "you always make him feel sick even if he is not due to your over caring". She used to tell me about how much she and Ali suffered when they first came to the U.S. and his multiple hand surgeries and finally Crohn's disease. All these factors contributed to make her wants to mothering him too much.

Regardless of his illness, Ali was a very good student with great scores. He used to stay after school to participate in different programs, all of which are non-sport because of his low energy levels due to the medication. I remember how much he was excited when he was in 10th grade and he participated in robotics program where he went with the school to the University of Virginia for three days. He was teasing his mother by telling her are you seriously going to let me go to this trip? Amani was pregnant at that time with our daughter Maryam. When Maryam

was born in April 2013, Ali was very happy to have a little sister and she was a joy to him and to the whole family.

When he was about to finish 10th grade he took the necessary exams to get admitted to a special University program for 11th and 12th grades and he successfully was accepted. As soon as he started the program in Sep. 2013 he had a strong flare-up that led to him being hospitalized in INOVA Fairfax Hospital. I stayed with him during his stay in the hospital because Maryam was very little and needs her mother. It took him couple of weeks to recover and consequently he was unable to catch up with the program at George Mason University. I strongly believe that was a turning point in Ali's life because he cried a lot when he was expelled from the program.

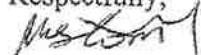
After this and when he resumed his studies at Osbourn Park High School I felt he lost interest in school and started to stay long hours in front of the computer. At that point his mother and I started to look into his phone and computer and we noticed that he was speaking to strangers and then I consulted with Imam Magid around December, 2013. After that we tried all what we can to protect him from being radicalized and when we fail we contacted the authorities.

I have known Ali for a short period of time but he was able to make a positive difference in my life. He made me feel like a real father, we shared great moments and he used to trust me a lot. He helped me with my business and built the website for me.

I believe many reasons contributed on him being radicalized such as the absence of his biological father, his illness and being expelled from George Mason Program. I'm sure there were other factors as well that came from our parenting and allowing him to dig freely into the world on the computer.

After his arrest, Ali got the chance to think and rethink about the pain he caused his family to go through. He also starts talking to his biological father who really influenced him. I visit him every week and noticed how Ali has changed. This experience made him a man that takes responsibility of his actions and that was clearly demonstrated by pleading guilty. I'm sure if he is given another chance to study the real Islam through an intensive rehabilitation program he will make a real difference. I see Ali as an influential person who will make a positive change in the Islamic community in the United States. I'm sure he will be a role model and will guide a lot of misguided kids to the right path and help them to change their minds about supporting any terrorist groups.

Respectfully,



Yassir Rustom

Ali Amin's Step-Father

703-595-0840

August 17, 2015

Dear Judge Hilton:

I am Ali's biological father and I write this letter sitting at my desk in the United Arab Emirates where I work as a lawyer. I have not seen my son since he was four years old, but I had hoped to travel to the United States this year to attend Ali's high school graduation ceremony. So it is with the profound sadness and regret that comes from waiting all these years missing him and expecting to hear his voice and to reconnect with him that I write this letter requesting that you show him some mercy and give this promising child a second chance when you sentence him later this month.

My son was born in Sudan and taken to America without my knowledge and consent, and his mother kept him hidden from me since he was four. Consequently, he was born and raised far from his father knowing anything about him, missed his father touch and influence in his early childhood and adolescence and in his each & every life details, growing up seeing his class maid being dropped and picked up by their dad's on school he start questioning with no accurate answers. Because he is a Muslim boy, it is very important the involvement of his father from his early years, teaching him Islamic belief ethics and principles. Absence of his father in his life created spiritual wound and misery and depression, that is reflected in his desperate suicidal thoughts and falling a prey to the evil that exists on the internet. It is so clear to me that the absence of a father in his life and the conflict he had with his mother contributed to Ali trying to prove to his mother or himself that he is a strong man who can be decisive and wage war.

I see now that despite the conflicts with Ali's mother, that I still carry fault for not having done more to remain in my son's life. I don't try to say I am responsible for his decision to support ISIS or to violate the law, but I can see that if I had been engaged with him I might have been able to show him the truth about Islam. My absence from his life left Ali adrift and looking for a new authority and associates in his surroundings and the internet trying to shape his adulthood. For the Muslim man, the teenage years are the hardest because that is when he starts to look for opportunities to express himself and his faith apart from his family. This is the time when he needs his father the most because of all the terrible influences that exist in the world, and terrorists know this and exploit this through their appeals to the frustrations that all Muslims feel about atrocities and abuses that are occurring in the Muslim world. While all Muslims sympathize with the terrible sufferings of innocent people, the terrorists twist Islam and pollute young people's minds by telling them the Quran imposes a duty to fight and make jihad. A father is so important at this time to help a young Muslim man find peaceful and non-violent ways to making change. No matter what, I know I should have been there for Ali during this important time and I will regret this as long as I'm alive.

Since Ali's arrest we have reconnected and developed a strong relationship. I have been able to write to him and speak with him on the phone and I hope to visit him when I come to the United States for his sentencing. Even though I have not been present in his life these last thirteen years, I can see that he is a good boy and has a

good heart and that the things he did do not accurately reflect who he really is or the man that he is becoming. Ali is a bright young man who is very intelligent and motivated to learn. He wants to learn both about life, about true Islam, and he very much wants to correct his thinking about how he is called by the Prophet to use his abilities and gifts to help people. I know that he cares very much about people who are oppressed or are less fortunate and has participated in programs to help them. This is who Ali really is and it will be who he is when he comes through this very hard time.

Your honor, Ali was a sickly boy growing up and he was too sheltered by his mother. This handicapped him and contributed to him feeling weak and fragile. Not having his father near him made this all worse and he tried to act like a man. Today Ali is so very thin, physically weak, and vulnerable because of his Crohn's disease that I worry going to an adult prison will destroy him and prevent him from overcoming his mistakes. It is unfortunate that it took this terrible series of events for me to come back into Ali's life, but I promise to the Court that I will never lose that connection and I will take it upon myself to support Ali and show him the true Islam for the rest of my life. I ask you and I pray that you will find mercy for my son and see that he is much more than the crime he committed.

Thank you for your wisdom and consideration.

Sincerely,

Shukri Abdelirahim



Date: August 11, 2015

To: The Honorable Judge Claude M. Hilton:

My name is Hala Eltahir and I'm Mohamed Ibrahim's wife. Mohamed is Ali Amin's maternal uncle.

When Ali Amin was a baby well into his early childhood in Sudan I took care of Ali during the day while his mother was at work. As a child he was quiet and very gentle with his other family members, he also loved to draw during most the day. When he came into the U.S he remained the same as he was in Sudan. While Ali was in preschool throughout his elementary school career many of his teachers would complement Amani on Ali's behavior and excellent grades. In middle school Ali Amin started to change due to his Crohn's disease. He constantly complained about his pain and the way the felt different due to his disease. He also started to have an irrational fear of food because his disease made it so painful to eat anything properly. From this point on he started to feel lonely. While Ali was going through his disease his mom remarried at this time which was different for Ali because all his life he only had his mother. He had to learn to share her with someone else. Sometimes he would come visit our family and I noticed a change in him. When I asked Ali Amin what was wrong he always said he was lonely. A little later on he started to talk about Islam and everyone around him thought it was a good thing that he was learning about his faith. It was only too late that we concluded that Ali Amin was learning about Islam from the wrong people who did not know what they were talking about. I personally have experience from a couple of my friends and relatives in other parts of the world who have had their kids travel down the same path as Ali Amin and they were able to go to the Islamic rehabilitation centers and learned the wrong in their ways and were able to correct their previous interpretations of Islam. They are now acting as advisors to younger teens that are also having problems with their Islamic faith so that they correct what they were doing wrong previously.



Hala Eltahir
Ali Amin's Aunt
703-599-9256

Date: August 11, 2015

To: The Honorable Judge Claude M. Hilton:

My name is Mohamed Ibrahim. I'm Ali Amin's maternal uncle and I have been around him virtually his entire life.

Even though I was not biologically Ali's father, I like to believe he saw me as a father figure. He would always come to me for advice and moral guidance. Ali Amin in my opinion was always very gentle, soft spoken, and kind to everyone he met. He was a wonderful child growing up in Sudan for a little bit before he came to America. In the United States Ali had a bit of trouble adjusting to the American customs as it was very different than what he knew to be normal in Sudan. Ali Amin grew up only with his mother. Due to her being a single mother raising a child my brother and I helped Amani out on many things specifically when it came to raising Ali Amin. He had always excelled in school even going as far as winning multiple awards for his academic achievement. Ali unlike many boys his age did not play any sports however. The reason for this is because his small frame. He was little and very skinny compared to many of the kids in his grade level. His small frame is mostly due to his Crohn's disease. He would always complain about how much pain he was in and would constantly cry to his mom about how he couldn't handle such severe pains from his stomach. He also would not eat many days. He grew to fear food because it caused him to have such upset stomach aches. He had become very skinny during this time period. During this same time period Amani had remarried. I had asked Ali Amin how he felt about his mom remarrying and he said he was okay with it at first. I believe that Ali Amin was on one hand happy for his mother but at the same time he felt like he was going to be alone more because it was not only himself anymore with his mother. Ali Amin had started to feel very lonely and started to spend less time going out with family and friends and more time in his room on the computer. He started to learn about Islam on the computer, and eventually learned incorrect Islamic teaching from the wrong people. He now sees the mistakes he made as a child and learned from them as well as took responsibility for his actions. An Islamic rehabilitation center would be the perfect place for Ali Amin to stay because of the helpful environment. He could relearn what he previously thought to be right and continue with his work to help other young teens who have also made the same mistakes as him.




Mohamed Ibrahim
Ali Amin's Uncle
(703) 928-8799

Date: August 11, 2015

To: The Honorable Judge Claude M. Hilton:

I'm Saja Ibrahim, daughter of Mohamed Ibrahim. Ali Amin's is my first degree cousin on my father's side.

I grew up with Ali; he is just a couple of months older than me. Ali Amin always grew up feeling less than others around him due to the fact that he grew up in a single mother household without a father figure. He saw many of his cousins, friends, and other family members grow up with the love of both a mother and father while he had only half of what most others he knew had. Growing up in the U.S as a non-native American proved difficult for Amin, he looked different and felt different than many of the other kids due to his racial heritage. Assimilating into the American culture was one of the most difficult things Amin had to get used to. As a child Amin was kind, always willing to share his toys, and gentle, he always had a love for animals even going as far as crying when he saw a snake eating a fish and many other kids were throwing rocks at the snake to prevent it from eating. His Crohn's disease played a big factor into how he acted most days. He constantly complained that he was in pain and could be seen most days hunched over and crying in pain. Again this led to him feeling alone because he felt that his disease caused him to be different than the kids he was trying so desperately to fit in with. Amin's behavior started to differ in his sophomore year of high school, around the time his mom remarried. He had to adapt to his new surroundings which was difficult for Amin. He felt alone and isolated most of his sophomore and junior year which is when he started to spend more time inside on the computer. He surfed the internet most of his day well into the night even on school nights. This eventually led into his radicalization of his Islamic faith. Before Amin was not very religious but slowly started to learn about Islam from the wrong people who did not know the religion. This was completely out of the ordinary character for Ali Amin. A little too late he realized the severity of his actions and deeply regrets the harm he has caused others. He stepped up and took responsibility for his actions and saw the error in his previous ways. This is the main reason why I believe an Islamic rehabilitation center will be the best choice to put Amin in so not only can he see where he went wrong but also will be a great start for him to help other children who have wrongly taken the path he took and help them also see error in their ways from his own personal experience.



Saja Ibrahim

Ali Amin's Cousin

703-870-0169

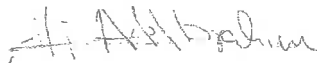
Ali Ibrahim

Date: August 12, 2015

To: The Honorable Judge Claude M. Hilton:

I'm Ali Ibrahim, son of Mohamed Ibrahim. Ali Amin's is my first degree cousin on my father's side.

I grew up with Ali Amin because we were roughly in the same age group. He was always very kind to me and shared any toys he had. We used to always play together and we bonded a close friendship. He always hung out with me and my dad, he seemed to admire the bond my father and I had. He also used to play with me and our other cousin Ahmed. The 3 of us were very close friends. After his Crohn's disease he has changed a lot. He complained about headaches, stomach pain, and he rarely ate. He became distant from the family after he became sick. During the time that Ali Amin was going through this pain, his mom was getting married and he felt very lonely. After his mom got married, he moved away and I only saw him once in a while but I noticed he changed a lot. He became very religious and always seemed stressed out. Prior to this he was always relaxed and happy. He spent a lot of time surfing the web and he got caught up with the wrong people. These people took advantage of his vulnerable situation and drew him to ISIS. I believe an Islamic Rehabilitation center will be for him so Ali Amin can correct his and his friends' beliefs because he is a very influential person.



Ali Ibrahim

Ali Amin's Cousin

571-723-5409

June 11, 2015

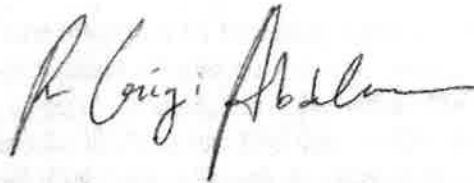
To: The Honorable Judge Hilton

My name is Gigi Abdulmoniem and Ali Shukri Amin is my second cousin on my father's side. I have known Ali and his family my entire life; they are a kind, honest people whom care deeply for one another. As a child I recall Ali being quite shy and sickly, I later learned that he suffered from a chronic inflammatory disease known as Crohn's disease. He constantly suffered abdominal pain and his mother Amani and grandmother Khadijah spent countless hours in and out of doctors' offices taking care of him. This disease affected his relationship with people and ostracized him from people his own age. Simple childhood activities like sleepovers or playdates proved difficult because he constantly had to excuse himself and return home due to chronic stomach pain. Each time he had to leave a playdate with my younger brother and return to chronic isolation at home I could see the pain and sadness in his face.

Regardless of his disease, Ali matured into a kind, sweet boy whom his mother and grandmother doted and depended on very much. In 2007, I was 15, my little brother suffered a near fatal fall and at the hospital his family came to give us support. Ali held my hand and we prayed for my brother's safe recovery. Ali at the time was a child himself, I believe he was 10, but his loving supportive nature helped to ease the pain tremendously. He and his family stayed with us several days at the hospital and did not leave until my brother was released from urgent care.

I don't quite know how Ali fell into the situation he is in today. I can only assume that he was brain washed by recruiters whom preyed upon young boys like Ali. The isolation and depression created by his chronic illness left him vulnerable to online predators and his youth only added to his gullibility. Having an absent father did not help the situation either, because he lacked a male role model and supporter which whom he could confide in. Yes, I recognize that what Ali did was wrong; however he can be rehabilitated. It's a tragedy for both sides involved. He was lead down a dark path by malicious people.

Gigi Ragaa Abdulmoniem
University Student
703-568-0451



To: The Honorable Judge Claude M. Hilton,

We are the family of Tarig Ibrahim and we are very close to Ali Amin. We have known Ali ever since he was born. He has always respected us as if we were his own family. We have always had a good relationship with each other, his family and our family have always had a great relationship. We have seen him grow up from a small boy to a teenager. Therefore, we know much about him.

Ali first came to the United States when he was three years old. He relocated from Sudan, located in Africa to Virginia. He had come to a very different culture from what he was used to and had to get accustomed to this new society. When he arrived to the US, he had not seen his father for a while because his mother had divorced before they arrived. He had to be raised by a single mother and she was not around all the time. He was always left alone a lot during his childhood because his mom had to work. In addition, Sudan did not have any problems with religion; it was always balanced between people with a lot of faith and people with no faith. He had multiple health problems when he was young including his conjoined fingers, which caused him to go through multiple surgical operations.

Ali at first was not very religious but as he got older, his faith increased. In addition, somethings that he was saying was wrong when it was right and vice versa. This may be evident that people showing him incorrect things influenced him in the wrong way. He also really cared about the poor and people struggling around the world. When someone would throw away food, he would get upset and say, "How can you throw away food like that when people in other countries are digging through rubble to find a grain of rice".

This act came out of nowhere, it was very out of nature for Ali Amin to do something like this, because he always cared about his school and was always trying to be the top in his class. Participating in the Best Buddies program, which is a program that works with kids with disabilities, takes a lot of patience and generosity. His actions hint that someone has altered his thinking, about what is wrong and right in the Muslim faith. We are sure someone who always cared about his schoolwork would not throw away all his success to do something like this.

When Ali was a kid, he loved video games of all types. He was a smart boy and was very respectful towards his elders. Growing up into his teenage years, he struggled with Crohn's disease that made him, more calm and grateful. After he got better, he liked playing video games, hanging out with friends and caring about school. He also enjoyed playing with his cousins and talking to them. A couple years later a family argument had split the family in two after his mother recently being married to a new man. During this

time, all the people he cared about including his grandmother and his cousins were far away from him, leaving him vulnerable. He turned to his religion to help guide him through the tough times and since he tried to teach himself Islam. He most likely was mixed up between what was wrong and what was right. He was very lonely and could have easily been taken over by someone on the internet.

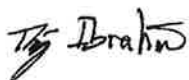
Potential radicalization causes were the people he was talking to online. Since he got more mature, he cared more about his religion and wanted to learn more during tough times. He was taught the wrong way from someone using his loneliness and depression as an advantage into making him do things that were not correct. We believe that Ali can effectively be de-radicalized because we know he has seen what his actions have done to his family and will now know to learn from the correct sources, including his mom and his grandmother.

Ali has grown from the experience because he has realized that what he has done was wrong and not correct in the Muslim faith but also the American society. He has seen how he has harmed his family, and is now trying to change that by going back to who he was before this incident. A good kid, who liked playing video games, but also very focused on his schoolwork and liked to participate in extracurricular activities. Ali is now asking for forgiveness from god and is taking responsibility. He knows what he has done was not right and is fully aware that he harmed his family. He knows his family is doing everything they can to help him, and he feels guilty for having to put this strain on his ageing grandmother and the rest of his family. We are sure he is also aware about others he has harmed including multiple families and his teachers. We know he will do his best to recover from his mistake and to jump back into his normal self. We thank you for taking the time to read our letter.

Best Regards,

Tarig Ibrahim Family

(Uncle)Tarig:



(Cousin)Ahmed:





Badr Community Center of Dumfries
17794 Main Street
Dumfries, VA 22026
703-221-2237
www.BCCD.org

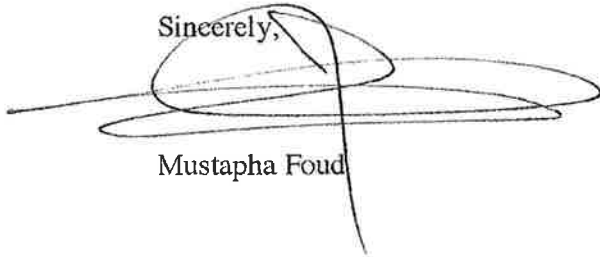
Dear Honorable Judge Hilton,

I am the Imam of Badr Community Center of Dumfries and I have known Ali Amin for almost two years. He is a responsible, gentle, kind, smart boy. He is dedicated to what he does and does it well. He was always willing to learn and was always respectful. He would give classes to children every Sunday. He didn't miss one class.

There's something about him that made him special. May God protect him. He would walk to the mosque on summer days while fasting. He would come when no one was around so he can clean. He is serious and sweet at the same time. He is dedicated towards Islam. He spent his time learning and applying what he learns. We was not interested in wasting his time with nonsense. Everyone that gets to know him only sees a good person.

I would like for you, Honorable Judge, to think about his future. He has potential to serve this country and make positive changes in others' lives.

Sincerely,



Mustapha Foud



One church.
Multiple locations.
chapelsprings.org

Central Office | 11500 New Life Way | Bristow, VA 20136 | 703-368-2895

August 11, 2015

The Honorable Claude M. Hilton
United States District Court
Eastern District of Virginia
Albert V. Bryan U.S. Courthouse
401 Courthouse Square
Alexandria, VA 22314

Dear Judge Hilton,

My name is Doug Chapman; I am an ordained minister with the Assemblies of God and serve as one of the pastors at Chapel Springs Church, a position I have held since September 2010. On Friday, May 24, 2013, I met with Ali Amin and two other high school students, for a lively two hour discussion about the spiritual merits of Christianity and Islam.

Our conversation centered entirely on spiritual matters of faith and the claims of the Bible and the Quran. At no time did our conversation veer away from spiritual topics. Though Ali possessed some knowledge of and insight concerning Christianity, it was readily apparent to me that he was deeply committed to his Islamic faith.

We agreed to continue our discussion at a later date, but were unable to schedule a follow-up meeting. Other than this single conversation and several emails with him, I have had no further contact with Ali and cannot offer any credible measure of his character.

I am still willing to meet with Ali to continue our conversation, if he is amenable to resuming our dialogue.

Sincerely yours,

Rev. P. Douglas Chapman, PhD
Family Care Pastor

The Honorable Judge Claude M. Hilton

August 12, 2015

Your Honor:

I am writing on behalf of Ali Amin, who is scheduled to appear before you on August 28.

Ali was a student in my General Chemistry class at the Governor's School @ Innovation Park (GSIP) from 2013-2014. This course was identical to George Mason University's Chemistry 211, a first-year chemistry course for science and engineering majors, with one exception: we used my own general chemistry text (Averill & Eldredge, an e-text from Flat World Knowledge that is also used for general chemistry at a number of universities, including MIT). As a result, this class was actually taught at a substantially higher level than in past years or in the actual GMU freshman course. Ali proved to be a capable student in the class, earning a B for the semester. Unfortunately, his performance was adversely affected by frequent absences due to illness, so much so that I requested a meeting with his mother. It turned out that Ali has frequent bouts with Crohn's disease, which I believe may also account for his small stature and slight build. Although he was able to overcome his health issues well enough to get an acceptable grade in my course, that was not the case in his math course, where he received either a D or an F. GSIP has a strict rule that any student who receives a grade below C in a course cannot continue in the program. Consequently, he was asked to leave GSIP at the end of the first semester (late January of 2014).

I should preface my next remarks by stating that my background is rather unusual for a chemistry instructor. Although I have a Ph.D. in chemistry from MIT, in this context it is probably more relevant that I spent 2004-2009 at the U.S. State Department, where I headed an interagency effort to keep al Qaeda from blowing up really large energy facilities around the world. For the last three years I was actually the Senior Coordinator for Critical Energy Infrastructure Protection in the Office of the Coordinator for Counterterrorism (S/CT). Although my efforts focused on international rather than domestic CT issues, I had frequent contact with officials involved in the USG's domestic CT program, as well as with the Saudi prince (now Crown Prince Mohammed bin Naif) who was in charge of Saudi Arabia's very successful rehabilitation for Islamic terrorists.

During the semester, I got to know Ali very well, partly due to the small class size, and partly because he assiduously sought extra help and was a frequent visitor during my office hours. I quickly realized that he was Muslim, because occasionally he would politely excuse himself from office hours for a few minutes to go pray in one of the areas that GMU maintains for this purpose. Other than that, there was no indication that he was a devout Muslim. He got along well with his classmates, who joked with him and each other about a multitude of topics, and I never heard him engage in any discussion involving a religious topic. To me, one particular point indicates that during his time at GSIP Ali was not on a path to becoming a Sunni radical: his partner in the laboratory portion of the course and in a separate research mentorship course that I also taught was a female Iranian student, who of course was Shia (as well as taller and heavier than Ali). One can hardly imagine a worse choice of partner for someone on the path to radicalization, and yet I never saw any evidence of any sort of tension between the two of

them (or, for that matter, between Ali and any of the other students). Ali clearly enjoyed my class, his classmates, and the school (except possibly for his math class), and he seemed to me to be flourishing psychologically despite his health issues.

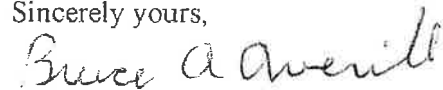
Consequently, he was absolutely devastated by being asked to leave GSIP and return to his base high school. I believe that he saw this event as threatening both his self image and his future, for which he had ambitious plans. I didn't hear from him again until November of 2014, when I received an E-mail asking me if I would agree to write a letter of recommendation for him for his upcoming college applications. His message also included a link to his LinkedIn page, on which I noted that he described himself in terms that suggested he was more than just a high school student. When I challenged him on this point, he agreed that he had probably gone a bit too far in emphasizing his other activities without explicitly acknowledging his educational status and promised to correct it. I also noted that he was running a couple of blogs in Arabic on various cyber-related topics, including Bitcoins, and that he had listed me as a reference. Although he was undoubtedly somewhat knowledgeable on computer-related topics, I got the impression that he was largely summarizing and translating other people's work for an Arab audience rather than making original contributions to the field.

That was the last time I heard from Ali until a reporter from the Washington Post called me to ask if he could talk to me about Ali. When I replied that I would be glad to do so if Ali gave me permission to do so, his response was that that would be difficult because Ali had just been arrested on terrorism-related charges. To say that I was shocked is a gross understatement, because it was completely out of character for the student I had known. Having recently been able to speak with his mother at length, I now realize that being forced to leave GSIP was even more devastating for Ali than I had imagined. His self-esteem had taken a tremendous blow, and I believe that that made him an easy target for someone in the Middle East who had stumbled across his Bitcoin blogs online and realized that this represented a potential way to transfer large sums of money without being detected. I believe that this person or persons hit Ali when he was at his most vulnerable, stroked his ego by appealing to his expertise, and used this to lure him down a path that eventually may have led to him providing some sort of assistance to them. In my view, this would never have happened if he had stayed on at GSIP, because he was finding emotional, psychological, and intellectual fulfillment there.

The above is not intended to excuse anything Ali may have actually done, but to place it in perspective. I believe that his mother's initial response, to seek guidance from their imam in helping Ali turn back to his previous course, was indeed the correct one, and that it would most likely have been successful without the intervention of law enforcement. In fact, I believe that it would still be an effective course of action, certainly much more so than locking up a frail child among hardened criminals for any length of time.

I know that this is a difficult situation, but I hope that you make the decision that is best for both Ali and our society.

Sincerely yours,

A handwritten signature in cursive script that reads "Bruce A. Averill".

Bruce A. Averill, Ph.D.

Christine Dolan Kessler
~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

August 6, 2015

Honorable Judge Hilton,

My name is Christine Dolan Kessler and I am writing on behalf of Ali Amin. I was Ali's fourth grade teacher. I have taught hundreds of children, yet a few individuals stand out fondly in my memory as particularly memorable. Ali is one of those special few. My personal vocabulary calls him an Old Soul, and I will speak on behalf of the young man that I knew and loved.

I taught Ali at Cora Kelly Elementary School in Alexandria, Virginia that served mainly a large group of underprivileged youth. Ali was incredibly polite, engaged, liked by peers, and was especially brilliant. I strongly advocated for Ali's acceptance and participation in the gifted and talented program in both math and language arts. To my great dismay, Ali was denied entry, yet when he learned of this decision, he comforted me.

Ali faced great physical issues. This was the onset of what was soon diagnosed to be Crohn's Disease. Ali often went to the restroom and when he couldn't make it in time, he apologized to the class as he vomited in front of them. He was consoling to us in the midst of his own embarrassment. There was a time Ali was hospitalized. His mother called me and together we wept over the phone. I knew her as a kind, soft-spoken, gentle woman who exuded great beauty on behalf of the love she had for her son.

I often thought about Ali and his family years after we parted. From my understanding, Ali's mother was a single woman. Having a child without a husband ultimately banished her and Ali from the larger Tribe, so to speak. Ali didn't have a family unit and he was a minority in an underprivileged school within a system that didn't recognize his unique potential for contribution to a larger society. I see how this, along with his painful disease, made him very isolated.

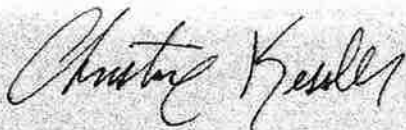
Yet the young man I knew was in love with life. Ali was introspective and humble, he asked insightful questions regarding lecture, art, literature, and the greater world. Ali was popular and well-liked by all due to his respectful and gentle nature. Despite Ali's environment, he loved life, his mother, his friends, and was truly an example of how a young person can be a shining beacon of holistic hope for our shared future.

The crime that Ali is charged with is completely out of character to the young man that I knew. He was a curious, passionate individual and I have full faith that Ali will be a very powerful change-agent in our world if given a chance to be that change. I implore you,

Honorable Judge Hilton, to allow us as a society to lift him up to be the strong, brilliant, loving man that he truly is. I want to see Ali thrive in college, participate in philosophical debates and in peace efforts. I wish to see our society cultivate his innate curiosity and allow him to share his story in a teaching role, so others may learn from him and from this experience that he is in.

Please allow Ali's experience to be one that supports his growth, not defeat his life. He must not become another victim. Together, we have dedicated our lives toward the expansion of a meaningful society. Please allow Ali to be an example of the change we wish to see in the world through the hope we have in each other's potential. He is so worthy.

Sincerely,

A handwritten signature in cursive script, appearing to read "Christine Kessler".

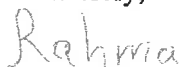
Christine Kessler

Dear Honorable Judge Hilton,

Ali Amin was my Sunday school teacher. He only taught us good things: how to respect my family, treat others good, have good morals, and be kind. He was patient and never got mad at us if we did something wrong. He would give us typed notes so we can study during the week. He would give us quizzes to check our understanding. When we didn't understand he wouldn't get mad, he would teach it again.

Sometimes he would joke around with us. He is very nice. Sometimes he gave us chocolates as a reward.

Sincerely,

A handwritten signature in cursive script that reads "Rahma".

Rahma Foud

Dear Honorable Judge Hilton,

My name is Ellias Foud. Ali Amin was my best teacher. I miss him. He is one of my best friends. He told me a lot of good things.

Sincerely,
ELLIAS
Ellias Foud

Dear Honorable Judge Hilton,

My name is Maryam Foud. Ali was my teacher. He always made learning interesting. He also made it easier to learn because he would give us printed notes so we can follow along with his teaching and review it later. He was always nice. He never missed a class. He would teach us good stuff.

Sincerely,

A handwritten signature in dark ink, appearing to read "Maryam Foud", with some additional scribbles to the right.

Maryam Foud

Dear Honorable Judge Hilton,

Ali Amin was my teacher. He was always nice to me. When he smiled it would make me smile. Sometimes I gave him a hard time but he was still nice to me. He is very good.

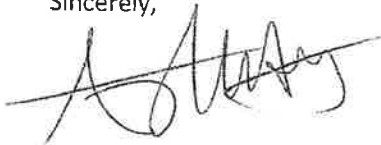
Sincerely,


Zayd Foud

To Whom it May Concern,

My name is Abdullah Khalid. I attend Badr Community Center of Dumfries for my prayers. And because of that, I know of Ali Amin. He regularly came to the Mosque for prayers. From what I have seen and heard of him, he is a kind, soft spoken boy who wouldn't intentionally cause harm to anyone. I have known him on and off for about a year and can say that he is a good person with overall, a good heart who wants peace

Sincerely,

A handwritten signature in black ink, appearing to be 'Abdullah Khalid', written over a horizontal line.

Abdullah Khalid

1st August, 2105

Dear Sir,

My name is Syed Saad Haqqani and I am a George Mason University senior. I met Ali at the Badr community center and was really impressed by him.

The most important thing that I would highlight about Ali is that he is an extremely intelligent child with who has a sea of knowledge. I had interaction with him for a small period but that was an enough time period to realize that Ali in the future of his life could be a great scholar and I even suggested him to become a professor. While he use to transfer knowledge to his friends it looks like that acquiring knowledge was his passion.

Just observing Ali in the public I think he had a friendly, humble and kind personality. He was very calm person and looks like that anger isn't part of his blood. He used to adapt to the surroundings and make friends easily. Another prominent quality is that he respects the views of other and if they are wrong he successfully changes there point of view; very diligently while convincing with proofs. He proved through his actions that he is most trustworthy child, friend and a student. He never let down and always inspired other through his good personality.

In summary Ali as termed by high school students is a smart kid that given the opportunity could turn out to be an extremely light and good personality nature who has wealth of knowledge and always a good person to know. I am sure if he is given a chance he would prove himself as the best in every aspect of his life.

Thanks,



Syed Saad Haqqani
George Mason University
Pakistani Students Association
Treasurer

Dear Honorable Judge Hilton,

I know Ali Amin as my children's teacher. He would give a class for children at the mosque every Sunday. He would teach them how to be good citizens, respect others, be mindful, caring, clean, loving towards parents, and so on. They looked forwards to Sundays because of the way he delivered the class. He would engage them so they were not bored and would explain concepts to them in a kid-friendly way. He would make them laugh and learn.

I am a teacher and a substitute. It amazes me to see Ali use techniques and methods while teaching without having his licensure classes. He is able to engage the students, keep them interested, keep a calm environment, and reward according to desired behaviors. The children were happy which left the parents very satisfied.

What I observed is that he is a respectful child out to teach what he learns. He always greeted us with a smile. He is kind and committed. He was very careful in putting his lessons together to maximize the children's' time. His voluntary teaching should me that he uses his time wisely. He often came early to clean and vacuum the mosque. I have only seen good from Ali and I hope to see him with a bright future benefiting citizens around him.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alaa Abdelhamid', with a stylized flourish at the end.

Alaa Abdelhamid

EXPERT OPINIONS AND MEDICAL RECORDS

DECLARATION OF DR. IAN LEIBOWITZ

I, Ian Leibowitz, M.D., make the following declaration to the best of my knowledge and recollection:

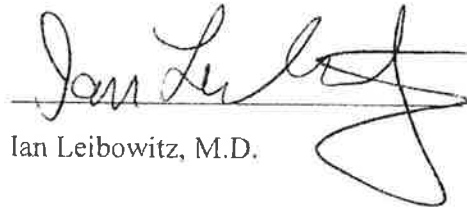
1. My name is Dr. Ian Leibowitz, M.D. I am a Pediatric Gastroenterologist practicing at the Pediatric Specialists of Virginia. I graduated from St. George's University School of Medicine in 1982. From 1982-1984 I conducted my Residency in Pediatrics at the Coney Island Hospital. From 1984-1987 I conducted my Residency in Pediatrics at the Georgetown University Hospital. I then completed a fellowship in Pediatric Gastroenterology from 1987-1989 at Georgetown University Hospital as well. I am on faculty at the University of Virginia Medical School as well as VCU School of medicine.
2. I am writing the declaration on behalf of Ali Amin, a patient of mine since 2006. Since Ali became my patient I have seen him regularly for care regarding his inflammatory bowel disease and during this time I developed a positive and professional relationship with him that fostered open communication.
3. I have seen Ali initially presented with abdominal pains and a lack of interest in eating. I subsequently diagnosed him with Crohn's Disease via colonoscopy which revealed histologic changes consistent with this diagnosis. Crohn's disease is a chronic inflammatory disease affecting the gastrointestinal tract anywhere from mouth to anus. It is a lifelong condition which is treatable to induce and maintain remission but not curable. The medications used to treat Crohn's disease have significant risks and side effects which require monitoring.
3. In addition to Ali's primary diagnostic concern, Crohn's disease can cause extra-intestinal manifestations. Ali developed a very rare complication, with metastatic dissemination of granulomas to his scrotum. The treatment for this condition consisted of multiple different therapies including biologics. While ultimately treated, Ali was left with some scarring on his scrotum. He has at times had anemia and was found to have low bone density as a result of his disease.
4. Over the course of his disease, Ali was prescribed many complex medications, including an infusion medication known as Remicade. Remicade had to be stopped however due to an allergic reaction. He had to be on several courses of steroids to control his disease with multiple side effects from the steroids including alteration of mood, appearance and sleep. These medications were not particularly effective in treating Ali's Crohn's and, during the beginning of his treatment, he was hospitalized several times due to flare-ups. Some of these medications were also disruptive to Ali's personal life, in that they at times required leaving school for treatment, times in the hospital and times school and life activities are missed for being ill.

5. Ultimately, in September 2010, at the age of almost 13, Ali underwent an ileal resection surgery in order to remove a piece of his gastrointestinal tract, which was not responding to treatment. He had removal of about 9 cm of the lower part of his small intestine, required about 5 days in the hospital and a couple of weeks to recover post operatively.
6. In general, Crohn's disease is a potentially isolating disease, not only physically, but emotionally as well. The physical symptomology and manifestations of Crohn's disease can be difficult to discuss with family and peers. Common symptoms, such as bloody diarrhea, abdominal pain and discomfort are often not easy topics for patients, let alone pediatric patients, to discuss. Per my recollection and consultation with Ali's medical records, there were times when Ali expressed sadness and hard times in school. This is not an uncommon response especially for adolescents.
7. For instance, during an October, 2006 visit, my records reflect I noticed a flat affect and sadness in Ali. I noted that it might be beneficial for Ali to speak with a school counselor or other professional. Similarly, in June of 2013, I noted that Ali had a hard year in school. With Crohn's disease specifically, depression screens are often administered, due to the high prevalence and risk patients are at for depression.
8. It is also worth noting that Ali was born with a mild congenital anomaly of one hand which limited his ability to participate in some sports though it has nothing to do with his Crohn's disease.
9. During Ali's more recent treatment visits, he and I began having discussions about next steps. This includes discussions about his plans to attend college and logistics and preparations that would need to be made to ensure that his condition could be managed while away at school.
10. Ali was a very polite, engaging, and respectful young man. Over the course of my treating him, I came to know him and his mother as well. It is apparent to me that she sincerely cared for Ali and was very engaged in trying to maintain his health and well being. During the many visits I observed Ali to be a very gentle, soft-spoken and intelligent young man who was deferential toward me and his mother, but also very interested and participatory in his care.
11. There are particular concerns regarding Crohn's disease and incarceration. While I am no expert in incarceration, I would be concerned about Ali's need for regular medical care, laboratory testing and good nutrition. The medications he is on suppress his immune system and make him more vulnerable to several types of infections. His ability to fight infections will be lessened even if he is well with his Crohn's disease. His bone density needs to be checked as he is likely at higher risk for fractures from any trauma. Nutritional needs of patients with Crohn's disease may be different and greater than the average person.

12. After learning about Ali's arrest, I was contacted by a physician or medical staff professional working with the Northern Neck Regional Jail regarding Ali's condition. At that time I offered help and assistance then as to how best to manage Ali's condition. As Ali's primary physician for about a decade, I am committed to his care and well-being and am willing to be consulted to assist in questions and concerns regarding Ali's medical treatment needs.

8/19/15

Date



Ian Leibowitz, M.D.

**Curriculum Vitae
JEFFREY AARON**

CONTACT INFORMATION

Office Address:	Commonwealth Center for <u>Children & Adolescents</u> P.O. Box 4000 Staunton, VA 24402	<u>Private Practice</u> 700 Harris St., Suite 201B Charlottesville, VA 22903 (434) 295-0119
Office Phone:	(540) 332-2102	

LICENSURE

Clinical Psychologist; Virginia Board of Psychology #0810 002642; 1998-Present

EDUCATION

Doctor of Philosophy in Psychology - 1997

University of Virginia, Charlottesville, VA

Dissertation: Posttraumatic Stress in Children Following Acute Physical Injury

Master of Arts in Psychology - 1994

University of Virginia, Charlottesville, VA

Thesis: Normal Dissociation in a High-Stress Sample

Bachelor of Arts in Psychology - 1986

Duke University, Durham, NC

Basic Forensic Evaluation Training, Juvenile Forensic Evaluation Training, Juvenile Advanced Forensic Evaluation Training, Juvenile Risk Assessment Training, Juvenile Competency Restoration, Insanity Acquittee Evaluation Training, Risk Assessment Training, Advanced Risk Assessment Training, Capital Mitigation Training; PCL-R Training
Institute of Law, Psychiatry & Public Policy, University of Virginia; 1997-Present

FACULTY APPOINTMENTS

Assistant Clinical Professor of Psychiatry & Neurobehavioral Sciences 1999-Present
University of Virginia School of Medicine

Clinical Assistant Professor 2001-Present
Curry Programs in Clinical and School Psychology, University of Virginia

Associate Faculty 2002-Present
Institute of Law, Psychiatry & Public Policy, University of Virginia

ADMINISTRATIVE POSITIONS

Facility Director 2013-Present
Commonwealth Center for Children & Adolescents/Commonwealth of Virginia
Director of Virginia's public acute psychiatric hospital for children and adolescents,
operated by the Virginia Department of Behavioral Health and Developmental Services.

TEACHING POSITIONS

Clinical Supervisor/Lecturer 1999-2013
University of Virginia Health Sciences Center; Commonwealth Center for Children &
Adolescents Center

Adjunct Instructor 2001-2009
University Of Virginia, Department of Psychology

Clinical Supervisor/Lecturer 1997-1999
Children's Medical Center, University of Virginia Health Sciences Center

Lecturer 1993, 1994, 1995; Spring 1995
Piedmont Virginia Community College, Charlottesville, VA

CLINICAL POSITIONS

Unit Clinical Director/Forensic Coordinator 1999-2013
Commonwealth Center for Children & Adolescents/Commonwealth of Virginia
Clinical director of adolescent unit at state psychiatric hospital. Also served on
Leadership Team and as Forensic Coordinator, Ethics Committee Chair; President of
Clinical Staff.

Psychologist in Private Practice 1999-Present
Clinical and forensic psychological evaluations of juveniles and adults. Expert testimony
and consultation.

Postdoctoral Fellow in Pediatric Psychology 1997-1999
Children's Medical Center, University of Virginia Health Sciences Center

Staff Psychologist 1997
Virginia Treatment Center for Children, Medical College of Virginia

Child Clinical Psychology Intern (Predoctoral) 1996-1977
Virginia Treatment Center for Children, Medical College of Virginia

OTHER POSITIONS

Assistant and Acting Director of Education/Teacher Westwood Hospital, Los Angeles, CA	1989-1992
Elementary Substitute Teacher Los Angeles Unified School District, Los Angeles, CA	1988-1989
Shift Supervisor/Counselor Suicide Prevention Center, Los Angeles, CA	1988-1991

OTHER SERVICE

Member of the Department of Behavioral Health & Developmental Services Commissioner's Child Mental Health Transformation Team, 2014-Present

Appointed Member of the Mental Health Workgroup of Governor Robert McDonnell's School & Campus Safety Taskforce, January 2013-June 2013

Advisory Council Member; Restoring Youth, a research-based model for juvenile trial competency restoration, 2012-Present

Member of the Charlottesville/Albemarle County Comprehensive Gang Model Steering Committee (GRACE), 2012-Present; Member of Executive Committee, January 2014-Present

Member of the Charlottesville/Albemarle Juvenile Justice Advisory Committee, 2011-2013; Executive Committee, 2014-Present

Appointed Member of the Albemarle County School Health Advisory Board, 2006-Present

Member: Juvenile Transfer Advisory Group, a multidisciplinary group convened by The Charlottesville Legal Aid JustChildren program to advise regarding the issue of the transfer of juvenile defendants to adult courts, 2006-2010

Member of the Juvenile Justice Subcommittee of the Consensus Planning Team convened by the Virginia Commissioner of Mental Health at the Direction of the Virginia General Assembly to offer recommendations regarding meeting Virginia's children's mental health treatment needs, 2009

"Workshop Expert" for Virginia Department of Criminal Justice Services 2007 Blueprints for Change Workshop on Criminal Justice Policy Issues in Virginia: Virginia's Response to the JJDP Act's Sight & Sound Separation Requirement. May, 2007, Staunton, VA. (White paper at <http://www.dcjs.virginia.gov/blueprints/JJDP-Sight-Sound.pdf>)

"Adolescent Development and the Juvenile Death Penalty," Comments delivered to the Virginia House of Delegates, at the invitation of Delegate Vincent Callahan, in support of House Bill 1975 to abolish capital punishment for crimes committed as juveniles, January 31, 2005, Richmond, VA

"Adolescent Development and the Juvenile Death Penalty," Comments delivered to the Virginia Senate, at the invitation of Senator Patricia Ticer, in support of Senate Bill 1078 to abolish capital punishment for crimes committed as juveniles, January 26, 2005, Richmond, VA

Appointed Committee Member: Juvenile Justice Subcommittee of the Child & Adolescent Special Population Workgroup (as part of the Reinvestment and Restructuring Initiatives of the Department of Mental Health, Mental Retardation, and Substance Abuse Services, commissioned by Virginia Governor Mark Warner to assist in the development of a comprehensive plan to restructure the delivery of mental health services), 2004-2005

PUBLICATIONS AND RESEARCH PRESENTATIONS

Aaron, J. (2014). Working With Adolescents. Training Module in Mental Illness & The Law: A Guide for Legal Professionals, a Virginia Department of Behavioral Health & Developmental Services Training for Attorneys and Judges. Richmond, VA

Aaron, J. (2009). "Adolescent Maturity & Legal Decision-Making," Chapter in Juvenile Forensic Evaluation Training Manual, Institute Of Law, Psychiatry, & Public Policy. University of Virginia: Charlottesville, VA.

Aaron, J., & Goemann, M. (2008). A better way to handle juvenile offenders. Op Ed; Daily Press Newspaper: Newport News VA.

Ryan, EP; Aaron, J; Burnette, ML; Warren, J.; Burket, R; & Aaron, T. (2008). Staff Emotional Responses to Being Assaulted in a Pediatric State Hospital. Journal of the American Academy of Psychiatry and the Law, 36, 360-368.

Ryan, E.P., Aaron, J., & Sparrow Hart, V. (2004). Reply: Reducing assaults among hospitalized youth. Psychiatric Services, 55, 1318.

Ryan, E., Sparrow, V., Messick, D., Aaron, J., & Burnette, M. (2004). A prospective study of assault against staff in a pediatric psychiatric state hospital. Psychiatric Services, 55, 665-70.

Warren, J., Aaron, J., Ryan, E, Chauhan, P, & DuVal, J. (2003). Correlates of Adjudicative Competence Among Psychiatrically Impaired Juveniles. The American Journal of Psychiatry and the Law, 31, 229-309.

Aaron, J.D.K. & Atlas, G. (2003). Instructor's Manual for Abnormal Psychology (4th Ed). Upper Saddle River, NJ: Prentice Hall.

Aaron, J. (2000). Stress and coping in police officers. Police Quarterly, 3, 438-450.

Aaron, J.D.K. & Atlas, G. (2000). Instructor's Manual for Essentials of Abnormal Psychology. Upper Saddle River, NJ: Prentice Hall.

Aaron, J., Zaglul, H., & Emery, R.E. (1999). Posttraumatic stress in children following acute

physical injury. Journal of Pediatric Psychology, 24, 335-343.

Emery, R.E., Waldron, M.C., Kitzman, K.M., & Aaron, J. (1999). Delinquent behavior, future divorce or nonmarital childbearing, and externalizing behavior among offspring: A 14 year prospective study. Journal of Family Psychotherapy, 13 568-579.

Aaron, J. & Zaglul, H. (1998). Parents' understanding of their children's emotional responses to physical trauma. Poster presented at the Great Lakes Regional Conference on Child Health Psychology, Louisville, KY, May, 1998.

Aaron, J. & Zaglul, H. (1997). Posttraumatic stress in children following acute physical injury. Poster presented at the Sixth Florida Conference on Child Health Psychology, Gainesville, FL, April 1997.

Aaron, J. & Zaglul, H. (1997). Children's adjustment following traumatic injury. Poster presented at Grand Rounds, Children's Medical Center, University of Virginia Health Sciences Center, Charlottesville, VA, May 1997.

Aaron, J. (1996). State-dependent memory and recovered memories. Paper presented at Trauma and Memory: An International Research Conference, Durham, NH, 1996.

Aaron, J. (1994). Normal dissociation in a high-stress sample. Poster presented at the Annual meeting of the American Psychological Assn., Los Angeles, CA, 1994.

INVITED PRESENTATIONS

"Recognizing A Potential False Confession And What to Do About It," Co-presenter, 22nd Annual Capital Defense Workshop, Virginia Bar Assn, Richmond, VA, Nov. 21, 2014.

"Developmentally-Informed Responses to Youth in the Justice System: Translating Research into Good Policy," 16th District court Services Unit Summer Training, Charlottesville, VA, July 2014

"The Face of False Confessions," Co-presenter, Plenary address at the 19th Annual Robert E. Shepherd, Jr. Juvenile Law & Education Conference, University of Richmond School of Law, Richmond, VA, May 2014

"The Forensic Psychological Expert: A User's Guide," Break-out session at the 19th Annual Robert E. Shepherd, Jr. Juvenile Law & Education Conference, University of Richmond School of Law, Richmond, VA, May 2014

Malingering Considerations: Conceptualization, Context & Communication," Advanced Seminar on Mental Health Needs of Juveniles Involved with the Justice System: A Legal Framework, University of Virginia Institute of Law, Psychiatry, & Public Policy, Charlottesville, VA, April 2014

"Developmentally-Informed Responses to Youth in the Justice System: Translating Research into Good Policy," 3rd Annual Comprehensive Services Act Conference, Roanoke, VA, March 2014

"The Role of the Forensic Mental Health Expert in False Confession Cases," at False Confessions: The True Story; Washington & Lee Law School, Lexington, VA, January 2014

"Mental Health & Community Safety," a day-long conference sponsored by Rappahannock-Rapidan Community Service Board and agencies from the surrounding counties, Culpeper, VA, March 2013

"Neuropsychological Testing in Competency to Stand Trial Evaluations," Special Topic Training in Juvenile Forensic Evaluation, University of Virginia Institute of Law, Psychiatry, & Public Policy, Charlottesville, VA, June, 2011

Respondent Panelist, "The Teen Brain: Insight from Neuroimaging" presented by Jay Giedd, MD at the Second Advanced Juvenile Forensic Evaluation Program, University of Virginia Institute of Law, Psychiatry, & Public Policy, Charlottesville, VA, April, 2011

"Assessing and Managing Adolescents' Risk of Harm to Self and Others," Training for Emergency Services and other clinicians at Region Ten Community Services Board, Charlottesville, VA January 2011

"Juvenile Transfer: Implications of Adolescent Development for Policy & Legal Representation," Plenary address at the 15th Annual Robert E. Shepherd, Jr. Juvenile Law & Education Conference, University of Richmond School of Law, Richmond, VA, May 2010

"Getting the Right Evaluation," Co-presenter, Break-out panel at the 15th Annual Robert E. Shepherd, Jr. Juvenile Law & Education Conference, University of Richmond School of Law, Richmond, VA, May 2010

"Cognitive Behavioral Therapy with Children & Adolescents," Developmental Pediatrics Fellows Conference, University of Virginia Health Sciences Center, April 2010

"Transfer of Juveniles to Adult Courts" Western State Hospital Grand Rounds, Staunton, VA, January 2010

"Transfer of Juveniles to Adult Courts: What Does the Research Tell Us?" CLE Training provided to the Office of the Commonwealth's Attorney, Norfolk, VA, September 2009

"Adolescent Development: Implications for the Law," University of Richmond School of Law, Richmond, VA, September 2009

"Transfer of Juveniles to Adult Courts: Policy Considerations & Practical Implications," Virginia Juvenile Justice Association, Richmond, VA, June 2009

"Trauma and Crisis Intervention" and "Substance Abuse in Adolescents" as part of the Thomas Jefferson Area Crisis Intervention Team training for area police and law enforcement agencies, Charlottesville, VA, June 2009

"Adolescents in Adult Courts: How Did We Get Here & Does It Make Sense," Plenary address at Virginia Juvenile Justice Association Annual Conference, Charlottesville, VA, November 2008

Lectures for Juvenile and Adult Forensic Evaluation Training at the University of Virginia Institute of Law, Psychiatry, & Public Policy, including: "Adolescent Judgment & Legal Decision-Making," "Preparing to Testify & Testifying as an Expert," "Ethics & Forensic Mental Health Evaluation," "Juvenile Risk Assessment," and "Mental Retardation, Amnesia, and Pervasive Developmental Disorders & Forensic Mental Health Evaluation," Various dates, Charlottesville, VA

"Analyzing the Manifestation of Juvenile Disabilities in Criminal Behavior" (Plenary Panel) & "Discipline of Students and Alternative Responses" (Break-out Panel), Moderator, 13th *Annual Conference on Juvenile Law & Education*, sponsored by the Virginia Indigent Defense Commission, the Mid-Atlantic Juvenile Defender Center, and the University of Richmond School of Law, May 2008, Richmond, VA

"Juvenile Violence Risk Management," Joint leader of a day long conference on teen violence prevention sponsored by Rappahannock-Rapidan Community Service Board and agencies from the surrounding counties, Culpeper, VA, March 2008

"Juvenile Risk Assessment," Virginia Association OF Community Services Boards Emergency Services Conference, Fairfax, VA, March 2008

"Mental Health Diagnosis & Assessment of Risk of Harm in Children & Adolescents," *Civil Commitment Training for Special Justices* convened by the Virginia Supreme Court Chief Justice's Commission on Mental Health Law Reform, Fredericksburg, VA, June, 2007

"Characteristics and Needs of Two Special Populations: Mentally Retarded and Female Adolescent Offenders," *Blueprints for Change*: Virginia Department of Criminal Justice Services, Staunton, VA March, 2007

"Developmental Influences: How to Think and Talk about Suicide with Kids," Joint leader of a day long conference on teen suicide prevention sponsored by Rappahannock-Rapidan Community Service Board and agencies from the surrounding counties, Culpeper, VA, March 2007

"Adolescents in Adult Courts: How Did We Get Here & Does It Make Sense," 5th *Teen Culture Conference: The Teen Brain*, sponsored by the University Of Virginia School of Medicine/Teen Health Center, October 2006, Charlottesville, VA

"Rational Understanding & Adjudicative Competence in Juveniles," Training conference jointly sponsored by the University of Virginia Institute of Law, Psychiatry, & Public Policy, the Office of the Virginia Attorney General, and Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, May 2006, Charlottesville, VA

"Trauma in Children & Adolescents: Impact & Intervention," Half-day training workshop sponsored by DePaul Family Services and Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, May 2006, Weyers Cave, VA

"Clinical Assessment of Suicide in Children & Adolescents," *Crisis Disaster & Recovery*, sponsored by Virginia Association of Community Services Boards and Virginia Dept of Mental Health, Mental Retardation, and Substance Abuse Services, April 2006, Charlottesville, VA

"Adolescent Development: Implications for Legal Representation," *Juvenile Court Legal Representation Training*, sponsored by the Charlottesville/Albemarle Bar Assn; Charlottesville/Albemarle Commission of Children & Families; JustChildren; and Piedmont Court Appointed Special Advocates, January, 2006, Charlottesville, VA

"The Impact of Adolescent Development on Adolescent Decision-making: Why Contingencies Are Not Enough," Virginia Juvenile Justice Association Fall 2005 Institute, November, 2005, Virginia Beach, VA

"Cognitive Development & Decision-Making in Adolescents," Half-day seminar for *Fairfax County Court Service Unit Annual Training*, March, 2005, Fairfax, Virginia

"Clinical Assessment of Children & Adolescents," *Legal Issues Involved in Working with Minors*, jointly sponsored by the Office of the Virginia Attorney General, the University of Virginia Institute of Law, Psychiatry, & Public Policy, and Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, March 2005, Weyers Cave, VA

"Rule Violating Behavior Disorders," University of Virginia School of Education, recurring guest lecture, Charlottesville, VA

"Juvenile Competence in the Courtroom," *Judicial Conference of Virginia for District Court Judges*, Annual Mandatory District Court Judges' Training, August 2004, Virginia Beach, VA

"A Prospective Study of Assault Against Staff in a Pediatric Psychiatric State Hospital," *Seclusion & Restraint: Creating Culture Change & Transformation*, sponsored by the Virginia Dept. of Mental Health, Mental Retardation, and Substance Abuse Services, June 2004, Richmond, VA

"Adolescent Development and Legal Capabilities," *9th Annual Conference on Juvenile Law & Education*, sponsored by the Virginia Public Defender Commission, the Mid-Atlantic Juvenile Defender Center, and the University of Richmond School of Law, May 2004, Richmond, VA

Panel Discussant: "The Child Client in High Stakes Cases," *9th Annual Conference on Juvenile Law & Education*, sponsored by the Virginia Public Defender Commission, the Mid-Atlantic Juvenile Defender Center, and the University of Richmond School of Law, May 2004, Richmond, VA

"Current Topics in Juvenile Mental Health Law," University of Virginia Law School, April and October 2004; March 2005, Charlottesville, VA

"Behavior in Context: Understanding Mental Health Problems in Adolescents," *Juvenile Justice and Delinquency Prevention Conference*, sponsored by the Virginia Department of Criminal Justice, June, 2003, Williamsburg, VA

"Clinical Assessment of Suicide in Children & Adolescents, Invited training presentation at Region Ten Community Services Board, May, 2003, Charlottesville, VA

"Clinical Assessment of Children & Adolescents," *Civil Commitment Training*, jointly sponsored by the Office of the Virginia Attorney General, the University of Virginia Institute of Law, Psychiatry, & Public Policy, and Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, April, 2003, Charlottesville, VA

"Developmental Effects of Child Abuse & Childhood Trauma," Charlottesville Department of Social Services, August, 2002, Charlottesville, VA

"Coping with Grief and Loss," Virginia Perinatal Bereavement Council (Affiliated Virginia Hospitals), Charlottesville, VA, April 2001, Charlottesville, VA

"Therapeutic Interaction with Children," Charlottesville Department of Social Services, June, 1999, Charlottesville, VA

"Helping Your Child Learn," Burnley Moran Elementary School Parent Teacher Association, 1999, Charlottesville, VA

"The Juvenile Trial Competency Evaluation;" Commonwealth of Virginia Training for Juvenile Competency Restoration, various locations, recurrent, 2000-2002

Jeffrey Aaron, Ph.D.
Clinical & Forensic Psychologist
700 Harris Street, Suite 201B
Charlottesville, VA 22903
(434) 295-0119

FORENSIC PSYCHOLOGICAL EVALUATION

Name: Amin, Ali
Age: 17 years
Date of Birth: September 30, 1997
Date of Report: August 17, 2015

Identifying Information

Ali Amin is a 17-year old adolescent young man who has pled guilty to Providing Material Support to a Designated Terrorist Organization in the United States District Court for the Eastern District of Virginia. These charges stemmed from actions that included authoring a twitter page known as Amreeki Witness, which supported the Islamic State (IS), taking action to assist an acquaintance's travel to Turkey with the expectation that he would cross into Syria and join the IS, and assisting that individual to contact his family after he left the United States. A psychological evaluation was sought by his attorney, Joseph Flood, Esq., to provide information to assist the court for purpose of sentencing.

Sources of Information

A. Interviews

1. Christine Kessler (formerly Christine Grasso), former teacher, Cora Kelly Elementary School, 7/29/15
2. Pam Bumstead, former teacher, Potomac Middle School, 8/4/15
3. James Maxtadt, former teacher, Osbourn Park High School, 7/30/15
4. Bruce Averill, Ph.D., George Mason University professor and former teacher, The Governor's School, 7/14/15
5. Mustapha Foud, Imam, Badr Mosque, 7/14/15
6. Imani Ibrahim, mother, 7/14/15
7. Yassir Ruston, step-father, 7/14/15
8. Seja, Ali, and Ahmed Ibrahim, cousins, 7/14/15
9. Ali Amin, defendant, 7/14/15, (8½ hours)

B. Records

1. School Records
 - a. Alexandria City Public Schools
 - i. Progress Reports
 - ii. SOL test results
 - iii. Report cards
 - iv. Teacher comments
 - b. Prince William County Public Schools
 - i. Registration Form
 - ii. Teacher comments
 - iii. Transcript
 - iv. SOL Testing History
 - v. Notice of withdrawal
 - vi. Advanced Placement test results
 - vii. Gifted Program testing results, placement findings
 - viii. Transfer Summary, Arlington JDC School, 3/13/15
2. Medical Records (Children's Medical Assoc of NOVA; Inova Fairfax Hospital; INOVA Pediatric Digestive Disease Center; Children's National Medical Center; Fairfax Colon & Rectal Surgery)
 - a. Assessments
 - b. Medical histories
 - c. Progress notes
 - d. Consultation letters and reports
 - e. Radiology and laboratory findings
 - f. Discharge summaries
3. Legal Records
 - a. Certification
 - b. Charges
 - c. Juvenile information
 - d. Affidavit in support of probable cause
 - e. Motion to transfer; Order of transfer
 - f. Motion for release from pretrial detention
 - g. Plea Agreement
 - h. Statement of Facts
 - i. Exhibits from Bond Hearing
 - j. Detention Hearing
4. Other
 - a. Various writings of Ali Amin, including Amreeki Witness, emails, essays, letters
 - b. Discovery materials provided by the prosecution

Psychosocial, Academic, and Behavioral Development

Early Development and Family History: Ali's mother, Imani Ibrahim, gave birth to Ali shortly after her return to Sudan from graduate study in Holland. Her husband Ali's father, remained in Holland, and Ali's primary caregivers were his mother and maternal grandmother. He was born with syndactyly, a condition in which the middle fingers of his (left) were fused, and he needed a

series of surgical procedures in the first years of his life to separate and reconstruct the fingers. Ms Ibrahim stated that this medical need contributed to her decision to immigrate to the United States when Ali was approximately 1½ years old.

By her report, Ms. Ibrahim initially struggled as a single mother in a new country with few supports. Until the rest of the family come to the US, Ali was left with sitters while Ms. Ibrahim worked. Ms. Ibrahim stated that she worried for his safety, and felt very badly that she was single and Ali had no father in his life. She described herself as “scared all the time” for his safety, including worries not only about the effects of an absent father, but also such fears as that Ali would be kidnapped or abused.

Ms. Ibrahim noted that Ali’s father came to visit Ali just one time in his childhood, and that Ali was thrilled by the visit but distressed after when his father did not return. She said there was ongoing tension in her relationship with Ali’s father, based on their differing views of their relationship and Ali’s father statements to Ali in phone calls that Ms. Ibrahim was preventing their contact. Mr. Amin did not have subsequent ongoing contact with Ali until he contacted Ali after Ali’s arrest and incarceration, when Ali’s mother and stepfather contacted him to try to re-engage his relationship with Ali.

Ms. Ibrahim reported that family members (her mother, two brothers, and the wife of one brother) came to the United States a year or so after she and Ali arrived and have been constant figures in her and Ali’s lives. Her mother has lived with her for most of Ali’s life and when he was young assumed a caregiving role. Ali’s uncles have been involved in his life, and their children, his cousins, have been among his closest friends.

Ms. Ibrahim met and married Yassir Ruston in 2011, and both she and he reported that Mr. Ruston and Ali have been close since that time. However, the marriage appears to have precipitated a dramatic conflict within the broader family that had significant effects on the family as a whole and in particular on Ali’s development. Reports of family members to me varied in the description of the source and intensity of the conflict, though all agreed that it was significant enough that Ali’s grandmother moved out of the home for about two years and the nuclear family essentially stopped having contact with all extended family members. Perhaps most importantly, this meant that Ali stopped having contact with his cousins, who were his primary social contacts outside of school.

Academic Development and Behavior: Ali attended schools in Alexandria through the sixth grade, at which time his family moved to Prince William County. Elementary school records identify Ali as a very strong student academically, and also as a well-behaved boy who clearly generated warm feelings in his teachers. Teacher comments in elementary school included, from his third grade teacher Giselle Gilpin, “Ali, you are going to be a wonderful 4th grader. You have been a pleasure to have all year long. You will be a famous artist one day. You are already a superstar to me. Don’t forget to come and visit me next year;” from his fourth grade teacher Christina Loebe, “It has been a true pleasure to have Ali in class this year. He is an intelligent, multidimensional young man that has a brilliant future ahead of him. I am so proud of you, Ali;” and from his fifth grade teacher Sandra Bonner-Hadley, “Ali’s performance in elementary school has been outstanding. I am very proud to have been his teacher.” Another fourth grade teacher, Christine Kessler (then Grasso), reported to me that she fondly remembered Ali as “incredibly

gracious, a kind person, a kind soul.” She also remembered his frequent illness, including that he would often have to leave the classroom suddenly to vomit, and at threw up in front of the class, and both Ali and Ms. Ibrahim recalled with appreciation her reaching out to the family at the time of Ali’s diagnosis.

Of note, Ms. Kessler’s reference to Ali as considerate and caring of others was consistent with Ali’s description of his values, and his report of helping form a chapter of Best Buddies, a group that pairs regular education students with students from the special education program, at Osbourn Park High School. Ali described to me both his support for the development of the program and interactions with special education “buddies.” Unfortunately, the teacher identified as the advisor for this group was unwilling to speak with me.

Descriptions of Ali by his teachers, both in school records from the time of the descriptions and in current interviews, indicate that he was a quiet but socially engaged boy who did not have behavior problems. Almost all teachers identified him as having superior academic and intellectual capability. He was recommended for placement in the gifted program by Ms. Grasso in the fourth grade, who reported being distressed that he was not placed into the program at that time, noting her perception that Ali’s lack of privilege and of active parental advocacy (since Ms. Ibrahim was a working single mother) were deciding factors. Ali was, however, subsequently identified as gifted in middle school, and in high school he was selected for the Governor’s School, a prestigious program for academically gifted and high-achieving students. Notably, he became ill early in that school year, missed a number of weeks because of illness, could not recover sufficient academic ground, and was forced to withdraw from the program. This failure was significant in both its content (constituting a significant failure in the one domain in which he felt fully competent) and timing (shortly before the process of his radicalization began), and will be discussed further below.

School records and teacher interviews indicate that Ali had essentially no behavioral problems outside the home. There is no indication of the need for any disciplinary action at school, and Ali’s records and teacher reports indicate that he was well-behaved. He had no prior behavior problems outside of school, including no contact with the justice system, until the involvement with radical Islam that led to his current legal involvement. He has no history of violence toward others.

Physical Health Challenges: Beyond the multiple surgical procedures in his early years of life to reconstruct his fingers, Ali experienced a major health challenge beginning in elementary school that has persisted since that time. Initially exhibiting extended periods of gastrointestinal distress and vomiting, failure to gain or maintain weight, and persisting discomfort and distress, he was diagnosed with Crohn’s Disease. Ali had frequent absences from school as a consequence of this condition, and these persisted until the 8th grade when he had a surgical procedure that led to a partial though significant reduction of symptoms.

Crohn’s disease significantly impacted Ali’s development in a number of ways. Most directly, it led to repeated and at times lengthy school absences. While these did not lead to academic difficulties with the exception of the Governor’s School program, it does appear that the absences interfered with Ali’s social development. In the most obvious way, his absences limited the continuity of his engagement with his peers. As well, Ali’s mother reported that her

own anxiety and protectiveness, which had always been intense, further intensified. In discussions with me, Ali and his stepfather each independently described Ms. Ibrahim as extremely overprotective, and Ms. Ibrahim also described herself in this way, citing her initial fears coming to a new and unknown country and fears then that someone would harm or kidnap her son, and the subsequent intensification of her protectiveness as a consequence of Ali's health concerns. Notable was some delay between initial symptoms and diagnosis, a moderately severe disease presentation with some atypical elements that did not respond to more common medical treatments and ultimately required surgical intervention.

Additionally, Crohn's disease is associated with failure to adequately gain and maintain weight, and for Ali, this was an ongoing concern. Not only were there health effects related to his nutritional status, but research on adolescent male development identifies small stature for boys as associated with lower self-esteem and greater social difficulties in adolescence, though not with long-term deficits in functioning.

Finally, Ali's absences from school affected his view of social relations at an important and formative time: He was absent for an extended period of time early in his 8th grade year for surgery, and he commented to me that he was disillusioned upon his return, having previously believed that he was socially connected with a number of groups and that "everyone was important," but believing upon his return that no one had noticed or cared about his absence. Ali stated to me that this reaction was transitory, and that he regained friendships and moved on, but this experience nevertheless appears important in his development.

Social and Emotional Development: As noted, Ali was seen by others as friendly, quiet, and well-behaved. He developed a number of close friendships over the years, though his mother's high level of protectiveness appears to have limited his social contacts outside of school through at least his middle school years. According to Ali and his family members, his primary peer social contacts outside of school through his middle school years were his cousins, who are slightly younger than he.

Ali was a physically small and sickly boy, and not athletic; however, he was intelligent and quick-witted. He reported a set of responses that might be expected of a boy of those characteristics: his intelligence served as his buffer against feelings of inadequacy that resulted from his lack of athleticism and distance from the cultural ideal of a strong, physically capable young male. When he could not excel on the playing field or in the gym, he found a sense of worth in his facility with thoughts and language. This response is not atypical for boys with similar physical and intellectual capacities, but it is an important part of the development of Ali's sense of self, and self-worth.

Another important element of Ali's psychosocial development was his changing family relationships. Ali grew up without a father. His father was in another country, and as far as Ali believed, his father had abandoned him. His caregivers were his mother and maternal grandmother, who came to the United States with many other family members when Ali was a toddler. Ali was close with his cousins, and the extended family served as his primary social contact through his middle school years. Ali's relationship with his mother appears to have been complicated – both emotionally close and moderately conflictual, though much of the conflict appears to have been unspoken. Issues affecting the relationship included some common

challenges in parent-child relationships in first-generation children of immigrants, the overprotectiveness described above, and tensions arising in the struggle between autonomy and dependence that is often present in parent-child relationships when a child has a serious chronic illness. In addition, conflicts in other family members' relationships had significant effects on Ali when they led to his abrupt and extended separation from his cousins at a critical developmental juncture.

Despite his intelligence, social engagement, and good behavior, Ali was at risk for emotional problems related to family factors and health challenges. The degree to which such problems occurred is difficult to ascertain, as understanding them would be largely dependent on Ali's self-report. It is common for depressed adolescents who are intelligent and competent and who do not wish to share feelings of depression to hide these feelings from others. Ali's teachers identified him as quiet but did not note indicators of depression. The doctor who treated Ali for Crohn's questioned depression, but Ali's responses on a self-report inventory of depressive symptoms that appears to have been given in October 2014 were not suggestive of depression and no follow-up was recommended. However, Ali reported a history of periodic depression to me. He stated that he in his middle school years he was at times very down and did not want to interact with other. He stated he wondered why he had to always feel sick and said that he felt inferior to others (noting that he would try to compensate for that feeling by reading books above his grade level). He stated that these feelings improved significantly after his surgery in the eighth grade, as that markedly improved his health status.

However, Ali reported that after a major conflict between Ali and his mother in which he moved out of the home and stayed with an aunt and uncle for two-month period in early 2014, he again became depressed. This occurred following his termination from the Governor's School after one semester in the 11th grade, a significant event in that it was both substantive (this was a prestigious program that would have boosted his academic standing and college potential) and symbolic (although Ali had not been a stellar student, he was a high achiever with no prior academic failure). Both Ali and his mother reported to me that on this occasion, Ms. Ibrahim asserted that Ali's failure at the Governor's School program was a consequence of his involvement with people and activities she found objectionable. Both reported that this accusation was deeply distressing to Ali, as he believed it was his illness and resulting absence from school that led to his inability to complete requirements. Both stated that a heated conflict ensued in which Ali left the house and stood outside in freezing temperatures for hours refusing to come inside, and that ultimately, Ms. Ibrahim called one of her brothers and Ali agreed to go with him and subsequently lived there for some months before returning home.

While at his uncle's home, Ali deepened a peer relationship that was central to his legal involvement, he also reported feeling quite depressed at the outset of the time there. He reported depressive symptoms at that time that included low mood, low self-image, excessive sleep, and intermittent passive suicidal ideation (wishing he were not alive).

As noted, more objective evidence of depression is not available, which does not mean Ali was not depressed, but limits the strength of the conclusions that can be drawn about his depression. One exception is an email titled "I'm almost there" that Ali sent to a female peer in April 2011, the latter part of his eighth grade year, in which he spoke of the high level of conflict with his

mother and stated, among other things, “I’m sorry, but I just can’t take it anymore, I’m almost there” and “It’s so easy to die. So hard to live. I can’t take it.”

The Path to Radicalization

Ali’s very detailed account to me, the reports of his family members, the reports of teachers who had Ali during periods of his movement toward radical Islam and were knowledgeable about Middle East politics, and Ali’s writings, all illuminate a set of vulnerabilities and chronicle a course of radicalization that capitalized on those vulnerabilities. Paradoxically, some personal characteristics that would generally be seen as constituting strengths, such as intellectual curiosity, a sense of the importance of social justice, and a desire to make a difference in the world, each contributed to greater, rather than reduced, his susceptibility to indoctrination.

Sources of General Vulnerability: Personal elements of Ali’s psychological experience and make-up that convey risk include his history of acute and chronic medical conditions (both his hand malformation and Crohn’s Disease) and their effects, including persisting physical distress, small stature and persistently ailing health, deficits in self-esteem, discontinuity of his social experiences, challenges to academic success, and probable intermittent depression.

Family elements that convey risk include a relationship with his mother that was emotionally close yet fraught with conflict related to his efforts to separate and individuate, exacerbated by Ms. Ibrahim’s fears about his general safety which were then heightened by Ali’s chronic illness. As well, Ali and his stepfather reported a high level of reactivity on Ms. Ibrahim’s part, and Ali appears to have had both deep love and affection for his mother, and an intense need to separate from her which she resisted until he ultimately felt the need to break free.

It is also the case that given other challenges to feeling that he fit in, Ali, as a first generation American adolescent who is Muslim, Arab-appearing, and from a country identified as Arab, would most likely have faced anti-Muslim and anti-Arab attitudes at an individual level and certainly would have in general media exposure. These differences set the stage for Ali to feel isolated and different from his peers, and unaccepted by his society. Feelings of separation were compounded by his illness (actual periods of separation, a fundamentally different set of experiences, and feelings that others did not understand him), and separation from normative peer experiences related to his being kept apart from peers.

As well, the family crisis that followed Ali’s mother’s marriage to his stepfather not only created general family tension, but apparently great distress and possibly a depressive episode in Ms. Ibrahim, which Ali reported significantly affected him, and led to separation for Ali from his primary peer social contacts, leaving him feeling alone and seeking support and connection.

In addition, as will be further elaborated below, Ali’s adolescent developmental status conferred vulnerabilities that included a heightened susceptibility to external social influence, impulsive responding, and decision-making that is strongly influenced by immediate concerns and emotional activation.

Emergence of Islamic Identity: Ali’s family members are Muslim, and by his and their reports, he had much less interest in Islam and identification as a practicing Muslim than they for much

of his childhood. Ali reported to me that his increased interest in Islam began in the 9th grade, fueled by his desire to be intellectually challenged and find a sense of identity, but initially with prayer that was best described as a personal bargain in order to do well on tests. However, his interest quickly deepened. He stated to me, "I was a hypothetical Muslim but began to realize Islam had an intellectual argument (for the existence of God)" which he described as cohesive and compelling to him. He contrasted this with what he saw as his parents' Islam, which he felt was "more ceremonial."

Ali described having had a sense of personal discomfort which seemed to recognize somewhat sheepishly earlier intellectual explorations that he now sees as juvenile (reading works of philosophy and with partial understanding either "showing off" for his peers, or engaging in what he termed "pseudo-philosophical" explorations, such as talking with his friends about whether the movie "The Matrix" was a depiction of something real. He described a quest through religion to "figure out what kind of personality I was going to have and who I was going to be," including how he would reconcile his more juvenile aspects and his sense that his efforts at intellectual exploration tended to exceed those of his peers.

These thoughts and motivations are quite consistent with what one might expect from an intelligent, intellectually curious adolescent who does not feel he quite fits in with his peers. There is nothing specific to Islam in the themes he was exploring at that time; rather they appear to reflect one way an adolescent might try to learn about himself and find a place to fit in.

Internet as Source: While turning to family members to facilitate exploration of his religious identity would have been one possibility, and supported by the fact that what he was proposing to explore was something his parents already practiced, it is not surprising that an adolescent in his circumstances would not do so, particularly as he was emphatically not seeking to emulate them, but rather to find his own way. Also, his view of their practice and his need to individuate from his mother would naturally have pushed him to explore separate from her. Describing his decision to pursue his Islamic identity apart from his mother, Ali said to me that although he felt emotionally close to his mother, her tendency to be overprotective and overreactive, as well as his desire to keep deeply personal things from her, led him to seek Islamic education and practice apart from her.

As a teenage boy in the 2010s, Ali would also quite naturally have looked to the Internet as a source of information and community. He did not rely exclusively on the Internet, and appears to have explored other community sources, including mosques. However, he reported to me that he often felt that the foreign Imams he encountered "did not understand western youth," and that they were less willing to engage in intellectual discourse, instead expecting their students to accept teachings on faith, while he wanted to explore and debate.

Ali described his online activities as fairly quickly exposing him to political and radical Islam in addition to religious exploration. In many cases, however these elements were combined. Much of what he found pointed to the plight of Muslims across the world, reflecting both external assaults and internal disarray. He also was exposed to sites that presented varied accounts of the reasons for the problems in Arab countries, including those that countered the ideas that Islamic regimes such as the Taliban were actually engaging in violent and destructive behaviors as reported in western media.

Themes of oppressed people needing help, anti-establishment narratives, and encouragement to refuse to accept pat answers all were compelling to a teenager engaged in exploration, trying to find meaning, and wanting to feel connected. Compounding the appeal was the fact that responses to Ali's queries and ideas came more quickly from those who were supporting such narratives. For example, email records show occasions on which Ali repeatedly asked questions about religious interpretation to a range of people. Those who responded fastest and with the greatest interest (and those who seem most interested in his thoughts) gained his attention, as would be expected. Those people were not the moderate Imams but rather individuals who spend more time online, and seemed eager to engage him.

Ali quickly found that his thinking and writings gained him attention and praise. As he came to believe that an Islamic governmental system would be fairer and more effective than the systems, often backed by the west, that he felt were not working, he expressed these views and they were valued. Thus, a circular pattern emerged in which he was exposed to compelling narratives from people who supported and encouraged radical perspectives that blended fact and fiction and pushed a view of western imperialism and aggression, and the responses of Ali's that gave credence to these views gathered him additional attention and praise. Voices that could have been moderating were muted as family communication was not functional, and those with more temperate views did not seem to actively engage him.

Opportunities for tempering his increasingly radical views existed, but were not capitalized on even after those around him were becoming alarmed by his expressions of religiosity and politics. Most strikingly, after his parents had involved an Imam known for addressing such concerns, Ali and his parents appear to have made extensive efforts to engage that Imam, seeking teaching and guidance from him. Both Ali and his parents reported a perception that the Imam was genuinely interested in Ali, but simply too busy to devote the time he wanted and intended to devote, but whatever the reason, the reality appears to be that Ali asked him over and over for guidance, expressed a willingness to consider perspectives other than his own, and an openness to learning what he termed to me "Islamically correct" interpretations, whether or not they fit with his pre-existing views. Email records show Ali asking for time, opinions, and guidance repeatedly, and receiving relatively little response.¹

Marketing of IS and Supporters of Jihad: Ali's description of his exposure to and ultimately adoption of radical perspectives appears to be consistent with what has been reported about the marketing approaches of IS and other radical Islamic groups. He reported a combination of approaches that included the presentation of broad ideological propositions (e.g., Arabs and Muslims are mistreated; Islamic government would be superior to western or western-backed governments), social and political arguments (wealth is unfairly distributed, people are exploited by governments, military actions such as drone strikes are immoral and evil), highlighting

¹ In offering this account, I am drawing on Ali's report to me, the report of both his parents, and my own experience in which I made repeated efforts to contact the Imam, had one extremely brief contact in which he seemed to genuinely want to talk to me, but did not follow up or respond as planned. I do not question his caring, sincerity, or capacity to engage Ali at a deep level, and I know he had some contact with Ali both before and after his detention, and I recognize that he is extremely busy. However, I offer this information to highlight Ali's apparently genuine openness both in the past and in the present, and the adolescent nature of his search for ideas and people to connect with and believe in.

alleged bad acts of western governments, minimizing or denying supposed bad acts of Islamic groups, and painting idealistic pictures of jihad.

Importantly, however, another prominent approach – the use of graphic and extreme violence to draw in converts – seems to have been less compelling to Ali. While he indicated support for principles of IS such as Islamic government and self-determination, he also noted his opposition to some of the positions and actions supported by radical jihadists, including hatred of Americans, beheadings, and the killings of noncombatants, as well as some iterations of radical Islam, such as that practiced by the group Al-Shabab, and these positions seem to have been reflected in his writings and actions. This opposition is notable not only because it suggests a turn away from such violence, but also because in the face of apparent pressure to adopt it, his resistance to that pressure signals a degree of independent thinking and steadfastness that should aid in his healthy development.

Exploitation of Personal Vulnerabilities: It is clear that Ali was not simply a follower. His relationships with peers appear to have included close friendships with shared exploration, and in some cases, Ali appears to have been in the role of the teacher, or at least the more advanced learner and guide. His intelligence, quick-wittedness, striking adeptness with language, and charisma all serve to counter his physical limitations to make him a compelling person, and he undoubtedly inspired enthusiasm and loyalty in others. However, it appears clear that he was seeking validation, connection, and self-worth, and that these were provided to him in a way that was (a) deeply desirable and compelling to him, and (b) contingent on his increasingly espousing radical perspectives and supporting radical causes.

Some of Ali's online contacts were more casual, but there were some individuals, including some of those identified as unindicted co-conspirators, who had special and particularly influential relationships with Ali. One of these, the oldest of the group, was a South African man identified by Ali as Uthman Buchs. Ali had extensive communication with Buchs, and while Ali did not identify him as having a particular motive to move him in the direction of radicalism, that seems to have been what transpired. Ali identified Buchs to me as a man in his 40s who said Ali was his "second best friend" after another of their group – a younger man who went by the name Abdullah. Ali said to me that Buchs saw him as "almost like a son," noted Buch's impression of his intelligence, and used terms like "the affection he had for me." For periods he reported having had daily contact with Buchs by email and Skype, and the lure of such a relationship seems clear for an adolescent boy who believed his father abandoned him.

Ali also developed a strong relationship with the young man from Finland who identified himself as Abdullah, who Ali stated contacted him after reading his Twitter posts. In contrast to Buchs, Ali identified Abdullah as having an agenda. He described this person as "super-instrumental in my radicalization," noting that he proved Ali with militant treatises and introduced him to and tried to get him to support militant Islamic causes. He stated that while Abdullah appeared to be supportive, he was "superfocused not on my spiritual development but on my becoming an intellectual weapon," in contrast to Ali's own desire to figure out what was "Islamically correct."

Another prominent figure for Ali was a British young man named Zubair, for whom Ali appears to have felt a great deal of fondness, and who Ali said saw him as "a really admirable friend." Ali's description of these relationships prominently and repeatedly included references to his

belief that these men believed him to be intelligent, impressive, and valuable. As with the understandable desire for a father figure given the lack of his father's involvement in his life, Ali appears to have found in this group a sense of belonging and validation. As a boy who had persisting physical problems and felt weak, he was made to feel strong and powerful, particularly as his writings gathered attention from both other supporters of jihad and the US government. As someone who had found in his intelligence a buffer against feelings of inferiority, but who had experienced a major challenge to his self-esteem when he was asked to leave the Governor's School program, he found validation of his intelligence and his value as an intellectual. For someone who had not felt important, and even at times marginalized, he found a place where he was seen as important, and where he could, he believed, fight for social justice.

Particularly as external events unfolded, these events became framed for him as a personal narrative. He saw political and military events as validation of his beliefs and positions. He identified with some individuals, including those killed in fighting or drone attacks. He reported that he experienced pressure from those in his circle to take actions; for example, he stated that he had not taken any illegal actions until the summer of 2014 when at the urging of Abdullah, he created Amreeki Witness. He also stated that at this time, he was influenced by a combination of "devastating" events, including his termination from the Governor's school the prior year and a direct challenge by the US State Department, which had responded to his twitter posts through the "Think Again Turn Away" program and had emailed his mother, leading to intense family conflict. It was around this time that the family contacted the Imam who they hoped might engage Ali in more normative Islamic practice, and as noted, Ali appears to have shown a strong interest in carrying that discussion forward, but it did not occur in a sustained or effective way.

In the wake of that intensified conflict, living with his uncle's family, apparently depressed, and seeking solace, Ali appears to have intensified his engagement with the online jihadist community, both in the form of his own active posting and in personal contacts with the individuals noted above and others. He also became more involved in proselytizing, more deeply engaged with peers, including the 18-year old identified as RL, and began to discuss and consider traveling to Syria with other members of the group to join the IS, and he ultimately assisted RL in making arrangements to do so.

While this account and timeline cannot be independently verified in its details, a few pieces of more objective information do support it. First, Ali's account to me was detailed and elicited over the course of an over-eight hour interview, presumably limiting his ability to provide pat responses. Second, his account generally matched that of his parents, though from sharply divergent perspectives. Third, this evolution is not only internally consistent, but consistent with what is known about Ali's personal history and with expected elements of adolescent development. More compellingly, to the extent that external information is available (school records, teacher reports, even some of his won writings), his account generally matches. Of interest are two reports from teachers who had knowledge of Middle Eastern affairs. James Maxstadt, Ali's government teacher in high school, noted Ali's active questioning of US conduct in the Middle East. He said that he encouraged such dialogue, and provided Ali with a forum in which such questioning was acceptable as a part of the learning process. He noted that Ali appeared to believe "urban legends" of the Mideast hostile to the US, but that while his comments were in his view typical of positions held by people from the Middle East who were unhappy with US policies there, he in did not ask questions or make statements consistent with

what would be expected of a supporter of IS or violent jihad. Mr. Maxstadt also stated that while Ali seemed like many adolescents to believe he knew what he was talking about and often seemed to just want to make a point, he also seemed at times to be genuinely trying to learn and open to new positions and ideas.

Bruce Averill, a Chemistry professor at George Mason University and former teacher of Ali's at the Governor's School program, recalled Ali as somewhat shy initially, but someone who got along with his peers, exhibited a sense of humor, and was helpful and cooperative. Prof. Averill also noted his professional history working for the US State Department in Middle Eastern affairs, and consequent knowledge of not only chemistry but of other issues related to Ali's circumstances. He offered the opinion that not only did Ali not demonstrate signs of radicalism, but that his behaviors and interactions (e.g., getting along very well with a female Iranian lab partner) also suggested that he was not radicalized at that time. As well, Prof. Averill recalled that because of Ali's sickness and consequent absences from school, he had asked the program administrators to reconsider Ali's dismissal.

The Role of Adolescent Developmental Status: A large body of psychological and medical research describes the ways that adolescent developmental status influences behavior in adolescence. That research identifies adolescents, as a group, as in transition as their personalities are developing. It highlights the importance of recognizing that behaviors engaged in during adolescence are typically not indicative of formed personality structure, and that most adolescents' values, belief systems, and ways of interacting with others continue to evolve and do not coalesce into a developed personality until early adulthood.

This research also finds adolescents as a group to be more impulsive, more focused on the here-and-now, to have poorer ability to take temporal perspective, and to exhibit deficits in judgment and planning when compared with adults. As compared with adults, adolescents' social and emotional functioning is characterized by deficits in maturity and tendencies to be more strongly influenced by immediate, situational factors, prominently including peer influences. In fact, responsiveness to peer influence is a hallmark of adolescence: adolescents are exquisitely sensitive to peers' direct and indirect influence, as (a) the brain systems responsible for reward responses are both highly active and less moderated by rational controls than they will later become, and (b) social rewards (e.g., peer approval) are among the most powerful rewards for adolescents.

Adolescents are also found to be significantly more likely to act impulsively without regard to consequences, to respond based in the emotions of the moment with less tempering by logical thought and future considerations, and to be more likely to engage in risk-taking behaviors.

These emotional, cognitive, and behavioral differences are consistent with neurobiological research findings, made possible by advances in brain imaging technologies, which find adolescents, as a group, to have brains that are less developed than the brains of adults. Specifically, the prefrontal cortex (PFC) governs what are referred to as the "executive functions" of the brain, which regulate abilities such as planning, judgment, and impulse control. In adolescence and into early adulthood, brain changes involve pruning of neuronal connections and improved myelination of axons, which both are associated with increases in efficiency of cognitive processes. Improved connectivity within the PFC and between the PFC and other

brain regions is associated with increases in ability to process complex and emotionally laden information, to think quickly and efficiently, and to integrate emotional and cognitive processes. Notably, these brain regions do not reach full maturation until the mid-twenties.

The relevance of these developmental factors includes Ali's increased susceptibility to peer influence, both in person and online, the emotional activation that he would have felt from the social rewards he experienced, the impact of that activation on his decision-making, the striking deficits in judgment that existed despite his intellect, and the strong likelihood that recent behaviors do not reflect fixed elements of personality.

Social influence is especially strong in adolescence, and social influence appears to have been fundamental to Ali's indoctrination and radicalization. This influence came from those close in age, whose respect and esteem would have been highly reinforcing, and from at least one man who was significantly older, whose praise and admiration appears to have filled a void left by Ali's father's absence. While such responses in others would be desirable for most people, as an adolescent Ali would have been likely to have been especially strongly influenced by the feelings they generated. Given the likelihood of developmentally based deficits in the ability to integrate strong emotion with rational thought processes, the expectation is that Ali would have been especially susceptible to making decisions that reflected his emotional activation more than reasoned judgment, even given that the acts in question occurred over time and at least sometimes with online rather than in-person contact.

Current Intervention Needs and Amenability to Change


Assessment results, including a lengthy interview with Ali, interviews with family members, former teachers, and an Imam, and review of records, all suggest that the acts in question are best understood as the confluence of Ali's personal vulnerabilities and adolescent developmental status. He was a boy with chronic health problems who had felt physically inadequate but had compensated with his strong intellect, who had experienced a number of insults to his sense of connection and competence, including school failure, separation from primary social contacts, and possible depression. He found a forum in which he could exercise his academic and intellectual strengths and be recognized, valued, even acclaimed. He skills in writing, debate, and his technical knowledge allowed him to feel – and be – important to a cause. His view of that cause appears to have been influenced by exploitations of his desires to feel strong, connected, and important, and by the lack of strong competing voices for moderation despite his apparent openness to them.

As an adolescent, Ali's personality is not formed, and the behaviors in question appear to have been strongly influenced by his adolescent developmental status. Importantly then, the factors that increased his vulnerability to destructive external influences now create opportunities for intervention and prosocial engagement. Ali appears to have been and to remain open to exploring his beliefs, seeking guidance, and examining ways to actualize his impulses for satisfying intellectual curiosity, his desire for belonging, and his belief in social justice.

He is now at a critically important developmental juncture: the coming years will either provide opportunities for such exploration, for the development of positive relationships with adults, the healing of family relationships, and the development of a prosocial personal identity, or they will

not. If they do, then Ali's strengths may well be channeled into activities that support his healthy development and not only reduce his risk of reoffending but promote supportive and compassionate behaviors. If these healthy developmental opportunities are not provided, then the chances that Ali's radicalization will harden and guide his thinking over time significantly increase.

I hope this information is helpful. Please do not hesitate to contact me if I can provide further information.



Jeffrey Aaron, Ph.D.
Clinical Psychologist



Date

*****AUTO**MIXED ADC 300

296 9 MB 2.446

000296

SHELDON FLOOD AND HAYWOOD PLC

ARNALDO PEREZ

10621 JONES ST STE 301A

FAIRFAX, VA 22030-7518

52pgs



0052000296K01



ATTENTION

**Confidential Information enclosed.
To be viewed by authorized persons only.**

**If you have questions regarding any information you have requested,
please call the phone number on the enclosed invoice.**

Health information is reproduced by HealthPort, a health information management outsourcing service. Your healthcare provider contracts with HealthPort to process authorized requests for copies of health records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

You may not make any disclosure or use of these records without the permission of the individual who is the subject of the records.

HealthPort

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 (770) 754 - 6000



Invoice #: 0169015113

Date: 5/18/2015

Customer #: 1626499

Ship to:

ARNALDO PEREZ
 SHELDON FLOOD AND HAYWOOD PLC
 10621 JONES ST
 STE 301A
 FAIRFAX, VA 22030-7518

Bill to:

ARNALDO PEREZ
 SHELDON FLOOD AND HAYWOOD PLC
 10621 JONES ST
 STE 301A
 FAIRFAX, VA 22030-7518

Records from:

GASTRO ASSOCIATES OF NOVA
 3700 JOSEPH SIEWICK DRIVE
 SUITE 308
 FAIRFAX, VA 22033

Requested By: SHELDON FLOOD AND HAYWOOD

Patient Name: AMIN ALI

SSN:

DOB:

*****4154

093097

Description	Quantity	Unit Price	Amount
Basic Fee			10.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	47	0.50	23.50
Shipping			2.66
Subtotal			36.16
Sales Tax			0.00
Invoice Total			36.16
Balance Due			36.16

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days **Please remit this amount : \$ 36.16 (USD)**

HealthPort

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 (770) 754 - 6000

Invoice #: 0169015113

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.Email questions to Collections@healthport.com.

AA000060

THE LAW OFFICE OF
SHELDON, FLOOD & HAYWOOD, P.L.C.

May 7, 2015

Inova Pediatric Gastroenterology Center
3022 Williams Drive, Suite 301
Fairfax, VA 22031

Re: Request for Ali Amin's Records

To Whom It May Concern:

PT Joseph Flood represents Ali Amin in a pending criminal case in Virginia. I am assisting Mr. Flood in his investigation of Mr. Amin's case. As part of this investigation, I am seeking access to all of Mr. Amin's records in possession of Inova Pediatric Gastroenterology Center. Ali Amin's date of birth is 09/30/1997 and his Social Security Number is 234-83-4154. These records may include confidential, sealed or expunged records, as well as handwritten records and original data or notations.

Having records related to Mr. Amin's medical history and background are critical to his case. Please **CERTIFY** all records through your organization's raised seal or stamp or by a **NOTARY PUBLIC**. If any of these records have been destroyed, I request a letter specifying the date and method of destruction. As Mr. Amin is a juvenile, I have enclosed an authorization signed by Mr. Amin's mother for release of records. Please send Mr. Amin's complete file to:

(Sheldon, Flood & Haywood
10621 Jones Street Suite 301-A
Fairfax, VA 22030) mib

If there is a cost to complying with this request, please fax an estimate of the cost to Joseph T. Flood before incurring expenses. If you have any questions, please do not hesitate to contact me at (703)-691-8410. Thank you.

Sincerely yours,

Arnaldo Perez

10621 JONES STREET, SUITE 301-A • FAIRFAX, VIRGINIA 22030
TEL: (703) 691-8410 • FAX: (703) 251-0757
WWW.SFRDEFENSE.COM

05/07/2015 11:46AM (GMT-04:00) AA000061

AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, Ali Amin, a juvenile, DOB 9/30/1994; SS# 231-83-4154; and I, Amani Ibrahim, DOB 11/24/1970 SS# 231-83-4153 the mother and sole guardian of Ali Amin, my juvenile son, hereby request and authorize the release of the following information and records to attorney Joseph T. Flood or his agents to assist me in a legal matter. This information includes those records protected by state and federal confidentiality rules (including alcohol and drug abuse records under 42 CFR part 2). All methods of exchange of information are authorized, including fax, email, written, electronic and verbal. This release expires five years from the date that it is signed below. All previous releases are hereby revoked.

1. Hospital and medical records; including treatment, diagnosis, and summaries.
(see reverse for required HIPAA statements)
2. Psychiatric, psychological, and counseling records; including social history, evaluations, treatment plans, diagnosis, notes, summaries, and medications prescribed.
3. School records; including grades, disciplinary or progress notes, activities, M-team reports, Individual Education Plan, psychiatric, psychological or counseling records.
4. Alcohol and drug treatment information; including assessments, treatment plan, diagnosis, progress notes, admission and discharge summaries.
5. Criminal Justice Records; including arrest records, police reports, probation and parole records, court records, agent notes, chronological history, revocation summaries, alcohol and drug treatment information, psychiatric/psychological evaluations and treatment information.
6. Employment records; including dates, positions held, duties performed, performance evaluations, salary and reason terminated.
7. Military, Prison and DOJ (including FBI) records.
8. All files from prior representation by other attorneys, including all information that is covered by attorney-client privilege.
9. General Information: Any other information which is relevant or related to me or requested and which is not specifically listed.

This authorization releases you (in your individual and/or institutional capacity) from all liability arising from disclosure of otherwise confidential information to the above.

A photocopy or fax of this authorization will suffice in lieu of the original. Records may be faxed to Joseph T. Flood at: (703) 251-0757. If there is a cost to complying with this request, please fax an estimate of the cost to Joseph T. Flood before incurring expenses.

I declare under penalty of perjury that the foregoing is true and correct.

Ali Amin Ali Amin
Signed Printed

Executed On: 3/14/15
Date

Amani Ibrahim Amani Ibrahim
Signed Printed
(mother and legal guardian)

Executed On: 3/14/15
Date

I understand that if the person or agency that receives my information is not a health care provider or health plan covered by HIPAA privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

I understand written notification is necessary to cancel this authorization and can be addressed to the department listed at the top of this form (or to whom this form was addressed). I am aware that my cancellation will not be effective as to disclosures already made in reference to this authorization.



Inova Fairfax Hosp Lab
3300 Gallows Road
Falls Church, VA 22042

AMIN, ALI

MED REC #: (00003)04012404

AGE: 8 YRS DOB: 09/30/1997 SEX: M
Pediatrics 2 FX

ADMIT DATE: 04/19/06 DISCHARGE DATE: 04/24/06

--- PHYSICIAN: ---

IAN H LEIBOWITZ
3022 WILLIAMS DR
301
FAIRFAX
VA 220312430

PARASITOLOGY

OVA & PARASITES
SOURCE: STOOL

ACCESSION # S-06-012142

COLLECTED: 04/21/06 AT 0820
RECEIVED: 04/24/06 AT 1332

STAINS AND PREPARATIONS
05/03/06 1150
TRICHROME-STAINED SMEAR EXAMINATION
NO OVA OR PARASITES SEEN

FINAL REPORT
04/27/06 1400
NO OVA OR PARASITES SEEN

ADDENDUM REPORT: Physician Copy

PRINTED: 05/03/06 AT 1807
PAGE: 1 (end of report)

AMIN, ALI

MED REC #: (00003)04012404

PARASITOLOGY

This document contains health information (PHI) that is legally protected by HIPAA and VA Law
If you received this in error, notify Inova Chief Privacy Officer @ (703)205-2337.

LAB 10263 (8/94)
Cat.# 96881

Name: Amin, Ali

DOB: 09/30/1997

AA000064

Date:

**INOVA FAIRFAX HOSPITAL
INOVA FAIRFAX HOSPITAL FOR CHILDREN**

Inova Health System

DISCHARGE SUMMARY

PATIENT NAME: AMIN, ALI
MEDICAL RECORD NUMBER: 04012404
DATE OF BIRTH: [REDACTED]
ADMISSION DATE: 12/01/2006
DISCHARGE DATE: 12/04/2006
ATTENDING PHYSICIAN: Lynn F Duffy, MD

The patient is a 10-year-old male with a history of Crohn's disease, diagnosed in April, presenting with diarrhea with intermittent blood and vomiting. He had 5 times and vomiting 8 times in the last 3 days. He has diffuse periumbilical pain, but the pain does not have correlation with the bowel movement. Yesterday, he does report subjective fevers in relation to the pain, says it feels like it is stabbing, comes and goes. He rates it a 9/10. After medication, it did come down to a 2/10. He denies hematuria, headache, but does report a 2-pound weight loss. He has also had a runny, stuffy nose since 3 days ago.

His primary health care provider is Gary Bergman.

BIRTH HISTORY: He was a full-term vaginal delivery.

GROWTH AND DEVELOPMENT: Growth and development have been appropriate.

DIET HISTORY: He is vomiting each time he eats in the last 3 days, otherwise normal.

BEHAVIOR, ACTIVITIES, AND SCHOOL HISTORY: He is in the 4th grade, favorite subject is art. He receives all A's and B's in school, and according to Mom has a lot of friends.

IMMUNIZATIONS: His immunizations are up-to-date. He has not had the influenza vaccine.

ALLERGIES: He has no known drug allergies.

MEDICATIONS AT HOME

1. Asacol 2800 mg t.i.d
2. Prednisone 15 mg b.i.d since 11/29/2006.

PAST MEDICAL HISTORY: He has a history of thalassemia and an eye movement disorder as well as the Crohn's disease diagnosed in April. He has had no other hospitalizations other than that initial diagnosis, at which time he presented with abdominal pain, diarrhea, and vomiting similar to this day of presentation. He has had hand surgery in 2000 and 2001 on the right hand for syndactyly.

SOCIAL AND FAMILY HISTORY: He lives with his mother and grandmother. His mom is 36 years old and _____. His grandmother is 60. There are no pets and no smokers in the house. He has no siblings, but there are young cousins in the area. He has no pain in his mouth or rectal/perianal area.

PHYSICAL EXAMINATION: Vital signs on admission include a temperature of 95.6, pulse 73, respiratory rate 18, blood pressure 99/52. He weighed 28.4 kg in the 50th percentile for age, 137.5 cm tall, in the 75th percentile for age. The BMI was 25, which was in the 50th percentile. In general, he was alert and oriented x3 in no acute distress. His tympanic membranes were clear and intact bilaterally. The pupils were equal, round, and reactive to light. He did have a 6th nerve palsy on the right side, otherwise equal. The extraocular movements intact. The neck was supple, without lymphadenopathy or thyroid nodules. The cardiovascular exam showed regular rate and rhythm, S1 and S2 normal without murmurs. Respiratory: The lungs were clear to auscultation anteriorly and posteriorly bilaterally. The abdomen was diffusely tender to palpation, with

Copy For: Lynn F Duffy, MD

INOVA FAIRFAX HOSPITAL
INOVA FAIRFAX HOSPITAL FOR CHILDREN

Inova Health System

DISCHARGE SUMMARY

PATIENT NAME: AMIN, ALI
MEDICAL RECORD NUMBER: 04012404
ADMISSION DATE: 12/01/2006
DISCHARGE DATE: 12/04/2006

Page 2 of 2

slightly hyperactive bowel sounds. He had no fistulas noted around his perianal area, however there was slight erythema. No skin tags were noted. The skin showed no rashes. Neurologically, the upper and lower extremity strength was 5/5 bilaterally. Sensation was intact. The cranial nerves were intact, with the exception of abduction of the right eye. Genitalia: Normal Tanner 1 male, circumcised. Bilateral testes descended. Extremities: He had right hand surgery, could not bend at the distal interphalangeal or proximal interphalangeal joints. The pulses were 2+ bilaterally without edema or cyanosis. No lymphadenopathy.

LABORATORY DATA: His admitting lab data revealed a hematocrit of 38 with an MCV of 64, white count of only 5.8, with 74% neutrophils, 1 band, 18 lymphocytes, 5 monocytes, 1 eosinophil. His electrolytes were all within normal limits.

The CT scan showed inflammation of the terminal ileum.

HOSPITAL COURSE: He was admitted for a likely flare of Crohn disease. He was started on IV hydrocortisone and pain control with morphine at 0.05 mg/kg. His Asacol was held and he was kept on a clear liquid diet. His stool was sent for C. difficile and the culture came back negative. On that therapy, he improved over the next 4 days. Within the first day, he was able to tolerate the pain with only acetaminophen and had not needed morphine. He had no nausea or vomiting. He continued to improve and was advanced to a regular diet on day 2 of admission. He was also changed to oral prednisone on 12/03/2006. He was discharged home in good condition.

DISCHARGE INSTRUCTIONS: Scheduling followup appointment with Dr. Duffy within 10 days, and to return or call the office if the bleeding or diarrhea, or abdominal pain were to worsen. He was sent home on a bland diet, with instructions to advance as tolerated. No restrictions on activity.

DISCHARGE MEDICATIONS

1. Prednisone 15 mg p.o. b.i.d.
2. Asacol 800 mg p.o. t.i.d.
3. Prevacid 15 mg p.o. daily.
4. Tylenol 325 mg p.o. q.6 h. as needed for pain.

Date Signed: _____

Lynn F Duffy, MD (02338)

D: 12/21/2006 by Tara M Calabrese, MD
T: 12/23/2006 by mdi9246 (J:000303084) (N: 1801826)
cc: Lynn F Duffy, MD

Copy For: Lynn F Duffy, MD



Inova Fairfax Hosp Lab

AMIN, ALI

MED REC #: (00003)04012404

AGE: 9 YRS

DOB: [REDACTED]

SEX: M

ROUTINE CHEMISTRY

COLLECTION DATE 12/01/06
COLLECTION TIME 1100

		UNITS	REF. RANGE
GLUCOSE	87T	mg/dL	(70-100)
BUN	11	mg/dL	(5-23)
CREATININE	0.7	mg/dL	(0.3-0.8)
SODIUM	139	mEq/L	(136-146)
POTASSIUM	3.4L	mEq/L	(3.5-5.3)
CHLORIDE	102	mEq/L	(98-107)
CO2	26	mEq/L	(18-27)
CALCIUM	9.4L	mg/dL	(8.6-11.0)

STOOL CULTURES & ASSOCIATED TESTS

OCCULT BLOOD, STOOL, SINGLE SPEC
SOURCE: STOOL

ACCESSION # S-06-033633

COLLECTED: 12/03/06 AT 2140

RECEIVED: 12/03/06 AT 2154

FINAL REPORT
12/03/06 2307

OCCULT BLOOD POSITIVE

- Blood in his stool

LEGEND

L = LOW, T = TEXTUAL FOOTNOTE

GLUCOSE

Fasting Interpretive Criteria (Adults):

Reference Range: <110 mg/dL

Indeterminate Range: 110-125 mg/dL

Equal to or greater than 126 mg/dL: meets the ADA guidelines for Diabetes Mellitus diagnosis if symptoms are present and confirmed by repeat testing.

Random (Non-Fasting) Interpretive Criteria (Adults):

Equal to or greater than 200 mg/dL: meets the ADA guidelines for Diabetes Mellitus diagnosis if symptoms are present and confirmed by Fasting Glucose or OGTT.

DISCHARGE SUMMARY - PHYSICIAN ONLY

PRINTED: 12/04/06 AT 1833

PAGE: 2 (cont.)

AMIN, ALI

MED REC #: (00003)04012404

RT CHEMISTRY STOOL CULTURES

LAB 10263 (8/94)
Cat.# 96861

Name: Amin, Ali

DOB: 09/30/1997

AA000067

Date:



Inova Fairfax Hosp Lab

AMIN, ALI

MED REC #: (00003)04012404

AGE: 9 YRS

DOB: [REDACTED]

SEX: M

STOOL CULTURES & ASSOCIATED TESTS

OCCULT BLOOD, STOOL, SINGLE SPEC
SOURCE: STOOL

ACCESSION # S-06-033628

COLLECTED: 12/03/06 AT 2030

RECEIVED: 12/03/06 AT 2103

FINAL REPORT

12/03/06 2307

OCCULT BLOOD POSITIVE

CLOSTRIDIUM DIFFICILE TOXINA&B
SOURCE: STOOL

ACCESSION # S-06-033448

COLLECTED: 12/01/06 AT 2300

RECEIVED: 12/01/06 AT 2317

FINAL REPORT

12/02/06 1719

NEGATIVE FOR CLOSTRIDIUM DIFFICILE TOXINS A & B

CULTURE, STOOL
SOURCE: STOOL

ACCESSION # S-06-033447

COLLECTED: 12/01/06 AT 2300

RECEIVED: 12/01/06 AT 2316

STAINS AND PREPARATIONS

12/02/06 0254

NEGATIVE FOR CAMPYLOBACTER

FINAL REPORT

12/03/06 1029

NO SALMONELLA OR SHIGELLA ISOLATED

DISCHARGE SUMMARY Physician Copy

PRINTED: 12/04/06 AT 1833

PAGE: 3 (end of report)

AMIN, ALI

MED REC #: (00003)04012404

STOOL CULTURES

This document contains health information (PHI) that is legally protected by HIPAA and VA Law. If you received this in error, notify Inova Chief Privacy Officer @ (703)205-2337. Lab 10283 (8/94) Cal.# 96881

Name: Amin, Ali

DOB: 09/30/1997

AA000068

Date:



Inova Alexandria Hospital
4320 Seminary Road
Alexandria, VA 22304-1592

AMIN, ALI

MED REC #: (00800)04012404

AGE: 9 YRS

DOB: 09/30/1997

SEX: M

ADMIT DATE: 09/22/07 DISCHARGE DATE: 09/23/07

Phone #: (703) 504-3475

FAX #: (703) 504-7892

— DOCTOR: _____

LEIBOWITZ, IAN H
3022 WILLIAMS DR
301
FAIRFAX
VA 22031462

ROUTINE HEMATOLOGY

COLLECTION DATE 09/22/07
COLLECTION TIME 1230

COMPLETE BLOOD COUNT

WBC X 10³ 4.4L
RBC X 10⁶ 4.62
HEMOGLOBIN 11.2L
HEMATOCRIT 33.6
MCV 72.6L
MCH 24.2L
MCHC 33.3
RDW 21.4H
PLATELET X 10³ 437H
MEAN PLT VOL 8.2

UNITS REF. RANGE

/CUMM (4.8-13.0)
/CUMM (4.00-5.20)
G/DL (11.5-14.5)
% (33.0-43.0)
FL (76.0-90.0)
PG (25.0-31.0)
G/DL (32.0-36.0)
% (11.5-15.5)
/CUMM (140-400)
FL (7.4-10.4)

MANUAL DIFFERENTIAL

SEGS 74H
LYMPHOCYTES 17L
MONOCYTES 6
EOSINOPHILS 3

% (28-50)
% (40-65)
% (0-8)
% (0-5)

CELL MORPHOLOGY

MORPHOLOGY ABNORMAL*
MICROCYTES 1+*
HYPOCHROMASIA 1+*
FRAG RBC 1+*
OVALOCYTE 1+*

(NORMAL)

LEGEND

L = LOW, H = HIGH, * = ABNORMAL

NON-CUMULATIVE INTERIM: Recent Update

PRINTED: 09/24/07 AT 0531

PAGE: 1 (cont.)

AMIN, ALI

MED REC #: (00800)04012404

RT HEMATOLOGY

LAB 10283 (8/94)
Cat.# 960B1

Name: Amin, Ali

DOB: 09/30/1997

AA000069

Date:



Inova Alexandria Hospital

AMIN, ALI

MED REC #: (00800)04012404

AGE: 9 YRS DOB: 09/30/1997 SEX: M

ROUTINE CHEMISTRY

COLLECTION DATE 09/22/07
COLLECTION TIME 1230

		UNITS REF. RANGE
HEMOLYZED INDX	0	Units
PROTEIN TOTAL	6.8	g/dL (6.4-8.3)
ALBUMIN	4.2	g/dL (3.4-4.8)
GLOBULIN	2.6	g/dL (2.0-3.6)
A/G RATIO	1.6	(1.1-2.2)
BILIRUBIN TOTAL	0.7	mg/dL (0.0-1.0)
BILI DIRECT	0.2	mg/dL (0.0-0.3)
BILI INDIRECT	0.5	mg/dL (0.0-0.7)
ENZYMES		
AST	20	U/L (0-37)
ALK PHOS	106	U/L (00-300)
ALT	17	U/L (0-41)

SPECIAL CHEMISTRY

COLLECTION DATE 09/22/07
COLLECTION TIME 1230

		UNITS REF. RANGE
IRON TESTS		
IRON	17L	ug/dL (45-160)
TOTAL IRON BINDING CAPACITY	202L	ug/dL (228-428)
UNSAT IRON BINDING CAPACITY	185	ug/dL (110-370)
% SATURATION, AH	8L	% (16-46)
PREALBUMIN	14.1L	mg/dL (19.9-41.9)

Performed at: INOVA FAIRFAX HOSPITAL LABORATORY-3300 Gallows Rd. Falls Church, VA 22042-3300
09/22/07 1230 PREALBUMINLEGEND
L = LOW

Arthur H. Mensch, MD Chief * Hamed A. Elfeky, MD * Russell R. Houk, MD * M. Paula Neumann, MD
NON-CUMULATIVE INTERIM Recent Update
AMIN, ALI
 PRINTED: 09/24/07 AT 0531 MED REC #: (00800)04012404
 PAGE: 2 (end of report)

RT CHEMISTRY SPEC CHEMISTRY

PAGE: 2 (END OF REPORT)
PRINTED: 09/24/07 AT 0531This document contains health information (PHI) that is legally protected by HIPAA and VA Law
If you received this in error, notify Inova Chief Privacy Officer @ (703) 205-2337.LAB 10263 (8/94)
Cat.# 96881

Name: Amin, Ali

DOB: 09/30/1997

AA000070

Date:

Inova Alexandria Hospital
4320 Seminary Road
Alexandria, VA 22304-1592

AMIN, ALI
MED REC #: (00800)04012406
ALT ID:
FINANCIAL #: 000035443169

ADMITTING MD: LEIBOWITZ, IAN H
ADMIT DATE: 12/22/06 DISCHARGE DATE: 12/23/06

AGE: 9 YRS DOB: [REDACTED] SEX: M
PATIENT TYPE: O AH LABORATORY

MISCELLANEOUS PROCEDURES

COLLECTION DATE 12/22/06
COLLECTION TIME 1931

UNITS REFERENCE

MAYO MEDICAL LABORATORIES

GEN ORDER 12/22/06 1931 see fnT

Result: SEE COMMENTS

Test	Result	HI LQ	Expected Units Values
Promethase TPMT Genetics	TPMT1/TPMT1		
-- EXPECTED VALUES --			
TPMT*1/TPMT*1			

Report Reviewed by the Laboratory Medical Director.

Promethase TPMT Genetic assessment is an analysis to determine an ability to produce thiopurine methyltransferase (TPMT) activity. It is a method to identify patients at risk for acute toxicity from 6-MP or azathioprine. This profile provides a breakdown of a patient's genetics. The distribution of TPMT activity is trimodal: homozygous normal (89%), heterozygous (11%) and homozygous recessive (0.3%) (1). Approximately 1 in 1213 individuals may have a low TPMT enzyme activity (homozygous low) resulting from known and theoretical mutations that are not included in this panel.

Notes: Genetic testing results are reported above as the individual allele present on each chromosome for three different polymorphisms, G238C, G460A, and A719G within the TPMT gene on chromosome 6. The alleles are numbered based

LEGEND

T = TEXTUAL FOOTNOTE

|||||

Inova Health System Facsimile Form
Printed: 12/29/06 at 0912
Page: 1 (cont.)

AMIN, ALI
MED REC #: (00800)04012404

Name: Amin, Ali

DOB: 09/30/1997

AA000072

Date:

Inova Alexandria Hospital

AMIN, ALI

MED REC #: (00800)04012404

AGE: 9 YRS DOB: [REDACTED] SEX: M

MISCELLANEOUS PROCEDURES

on order of discovery.

A combination of Cepheid Smart Mix Reagents with ABI (Applied Biosystems Sequence Detection System) Prism 7000 allelic discrimination was used in determining the presence or absence of 3 polymorphisms of the TPMT gene located on chromosome 6. Included are 3 separate PCR reactions, 3 different sets of probes and primers. This test was developed and its performance characteristics determined by Prometheus Laboratories Inc. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

The homozygous recessive genotype predicts a deficient capacity to produce TPMT enzyme activity. TPMT enzyme activity is essential for normal metabolism of azathioprine or 6-mercaptopurine (2).

Our genotyping procedures will not distinguish between TPMT*1/TPMT*3A from the rare TPMT*3B/TPMT*3C which has a frequency of 1:120,890. This rare genotype is associated with low enzyme activity. Enzyme activity evaluation or sequencing is necessary to definitively identify this rare genotype.

References:

- (1) Lennard, L. et al., 'The Clinical Pharmacology of 6-Mercaptopurine', European Journal of Clinical Pharmacology, Vol.43, 1992, p 328-339.
- (2) Charles R. Yates et al., 'Molecular Diagnosis of Thio-purine S-Methyltransferase Deficiency: Genetic Basis for Azathioprine and Mercaptopurine Intolerance', Annals of Internal Medicine, Vol 126, No. 8, April 1997, p 608-614.

Test Performed By: Prometheus Laboratories, Inc.
Therapeutic and Diagnostics

|||||
Inova Health System Facsimile Form
Printed: 12/29/06 at 0912
Page: 2 (cont.)

AMIN, ALI

MED REC #: (00800)04012404

Name: Amin, Ali

DOB: 09/30/1997

AA000073

Date:

Inova Alexandria Hospital

AMIN, ALI

MED REC #: (00800)04012404

AGE: 9 YRS DOB: [REDACTED] SEX: M

MISCELLANEOUS PROCEDURES

9410 Carroll Park Drive
 San Diego, CA 92121-4203

Alleles present are associated with NORMAL ENZYME ACTIVITY

PLATELET CROSSMATCHING

UNIT NUMBER

CROSSMATCH INTERPRETATION

VERIFY DATE

Performed at: MAYO MEDICAL LABS - Stabile Bldg. 150 Third Street S.W. Rochester, MN 55905Z
 12/22/06 1931 GENERIC

Inova Health System Facsimile Form
 Printed: 12/29/06 at 0912
 Page: 3 (end of report)

AMIN, ALI
 MED REC #: (00800)04012404

Name: Amin, Ali

DOB: 09/30/1997

AA000074

Date:



Inova Alexandria Hospital
4320 Seminary Road
Alexandria, VA 22304-1592

AMIN, ALI

MED REC #: (00800)04012404

AGE: 9 YRS

DOB: [REDACTED]

SEX: M

ADMIT DATE: 12/15/06

DISCHARGE DATE: 12/16/06

Phone #: (703)504-3475

FAX #: (703) 504-7892

— DOCTOR: _____

LEIBOWITZ, IAN H
3022 WILLIAMS DR
301
FAIRFAX
VA 22031462

ROUTINE HEMATOLOGY

COLLECTION DATE 12/15/06
COLLECTION TIME 1945

COMPLETE BLOOD COUNT

WBC X 10³ 16.7H
RBC X 10⁶ 6.09H
HEMOGLOBIN 12.9
HEMATOCRIT 39.4
MCV 64.7L
MCH 21.3L
MCHC 32.8
RDW 18.5H
PLATELET X 10³ 559H
MEAN PLT VOL 8.9

UNITS REF. RANGE

/CUMM (4.8-13.0)
/CUMM (4.00-5.20)
G/DL (11.5-14.5)
% (33.0-43.0)
FL (76.0-90.0)
PG (25.0-31.0)
G/DL (32.0-36.0)
% (11.5-15.5)
/CUMM (140-400)
FL (7.4-10.4)

AUTOMATED DIFFERENTIAL

GRAN% 74H
LYMPH% 17L
MONO% 9
EOS% 1
BASO% 0
GRAN# X 10³ 12.3H
LYMPH# X 10³ 2.8
MONO# X 10³ 1.4H
EOS# X 10³ 0.1
BASO# X 10³ 0.0

% (28-50)
% (40-65)
% (0-11)
% (0-5)
% (0-2)
/CUMM (1.3-6.5)
/CUMM (1.9-8.5)
/CUMM (0.0-1.2)
/CUMM (0.0-0.2)
/CUMM (0.0-0.2)

LEGEND

L = LOW, H = HIGH

NON-CUMULATIVE INTRIM Recent Update

PRINTED: 12/18/06 AT 0522

PAGE: 1 (cont.)

AMIN, ALI

MED REC #: (00800)04012404

RT HEMATOLOGY

LAB 10263 (8/94)
Cmt.# 96881

Name: Amin, Ali

DOB: 09/30/1997

AA000075

Date:



Inova Alexandria Hospital

AMIN, ALI

MED REC #: (00800)04012404

AGE:

9 YRS

DOB:

SEX: M

ROUTINE CHEMISTRY

COLLECTION DATE 12/15/06

COLLECTION TIME 1945

HEMOLYZED INDX	4
PROTEIN TOTAL	7.2
ALBUMIN	4.3
GLOBULIN	2.9
A/G RATIO	1.5
BILIRUBIN TOTAL	0.3
BILI DIRECT	0.1
BILI INDIRECT	0.2

UNITS REF. RANGE

Units

g/dL (6.4-8.3)

g/dL (3.4-4.8)

g/dL (2.0-3.6)

(1.1-2.2)

mg/dL (0.0-1.0)

mg/dL (0.0-0.3)

mg/dL (0.0-0.7)

ENZYMES

AST	21
ALK PHOS	136
ALT	22

U/L (0-37)

U/L (00-300)

U/L (0-41)

SPECIAL CHEMISTRY

COLLECTION DATE 12/15/06

COLLECTION TIME 1945

UNITS REF. RANGE

MISCELLANEOUS SPECIAL CHEMISTRY TESTS

HIGH SENSITIVITY C-REACTIVE PR 0.22

mg/dL (0.10-2.80)

Arthur H. Mensch, MD Chief * Hamed A. Elfeky, MD * Russell R. Houk, MD * M. Paula Neumann, MD

~~NON-CUMULATIVE INTERIM: Recent Update~~

PRINTED: 12/18/06 AT 0522

PAGE: 2 (end of report)

AMIN, ALI

MED REC #: (00800)04012404

RT CHEMISTRY SPEC CHEMISTRY

PAGE: 2 (END OF REPORT)

PRINTED: 12/18/06 AT 0522

This document contains health information(PHI) that is legally protected by HIPAA and VA Law
 IF you received this in error, notify Inova Chief Privacy Officer @ (703)205-2337.

LAB 10263 (8/94)
 Cat.# 98861

Name: Amin, Ali

DOB: 09/30/1997

AA000076

Date:



Inova Fairfax Hosp Lab
3300 Gallows Road
Falls Church, VA 22042

AMIN, ALI

MED REC #: (00003)04012404

AGE: 9 YRS

DOB: ~~XXXXXXXXXX~~

SEX: M

Adolescent/Spine FX

ADMIT DATE: 12/01/06

DISCHARGE DATE: 12/04/06

--- PHYSICIAN: ---

LYNN F DUFFY
3022 WILLIAMS DR
301
FAIRFAX
VA 22031

ROUTINE HEMATOLOGY

COLLECTION DATE 12/01/06
COLLECTION TIME 1100

COMPLETE BLOOD COUNT

WBC X 10³ 5.8
RBC X 10⁶ 5.95H
HEMOGLOBIN 12.3
HEMATOCRIT 38.1
MCV 64.0L
MCH 20.7L
MCHC 32.4
RDW 19.1H
PLATELET X 10³ 328
MEAN PLT VOL 8.6

UNITS REF. RANGE

/CUMM (4.8-13.0)
/CUMM (4.00-5.20)
G/DL (11.5-14.5)
% (33.0-43.0)
FL (76.0-90.0)
PG (25.0-31.0)
G/DL (32.0-36.0)
% (11.5-15.5)
/CUMM (140-400)
FL (7.4-10.4)

MANUAL DIFFERENTIAL

SEGS 74H
BANDS 1
LYMPHOCYTES 18L
MONOCYTES 5
EOSINOPHILS 1
BASOPHILS 1

% (28-50)
% (0-9)
% (40-65)
% (0-11)
% (0-5)
% (0-2)

CELL MORPHOLOGY

MORPHOLOGY ABNORMAL*
MICROCYTES 2+*
HYPOCHROMASIA 2+*
OVALOCYTE 1+*

(NORMAL)

LEGEND

L = LOW, H = HIGH, * = ABNORMAL

DISCHARGE SUMMARY Physician Copy

PRINTED: 12/04/06 AT 1833

PAGE: 1 (cont.)

AMIN, ALI

MED REC #: (00003)04012404

RT HEMATOLOGY

LAB 10263 (8/94)
Cat.# 96861

Name: Amin, Ali

DOB: 09/30/1997

AA000077

Date:



Inova Fairfax Hosp Lab

AMIN, ALI

MED REC #: (00003)04012404

AGE: 9 YRS DOB: [REDACTED]

SEX: M

ROUTINE CHEMISTRY

COLLECTION DATE 12/01/06
COLLECTION TIME 1100

		UNITS	REF. RANGE
GLUCOSE	87T	mg/dL	(70-100)
BUN	11	mg/dL	(5-23)
CREATININE	0.7	mg/dL	(0.3-0.8)
SODIUM	139	mEq/L	(136-146)
POTASSIUM	3.4L	mEq/L	(3.5-5.3)
CHLORIDE	102	mEq/L	(98-107)
CO2	26	mEq/L	(18-27)
CALCIUM	8.4L	mg/dL	(8.6-11.0)

STOOL CULTURES & ASSOCIATED TESTS

OCCULT BLOOD, STOOL, SINGLE SPEC
SOURCE: STOOL

ACCESSION # S-06-033633

COLLECTED: 12/03/06 AT 2140
RECEIVED: 12/03/06 AT 2154FINAL REPORT
12/03/06 2307

OCCULT BLOOD POSITIVE

LEGEND

L = LOW, T = TEXTUAL FOOTNOTE

GLUCOSE Fasting Interpretive Criteria (Adults):

Reference Range: <110 mg/dL

Indeterminate Range: 110-125 mg/dL

Equal to or greater than 126 mg/dL: meets the ADA guidelines for Diabetes Mellitus diagnosis if symptoms are present and confirmed by repeat testing.

Random (Non-Fasting) Interpretive Criteria (Adults):

Equal to or greater than 200 mg/dL: meets the ADA guidelines for Diabetes Mellitus diagnosis if symptoms are present and confirmed by Fasting Glucose or OGTT.

DISCHARGE SUMMARY: Physician Copy

PRINTED: 12/04/06 AT 1833

PAGE: 2 (cont.)

AMIN, ALI

MED REC #: (00003)04012404

RT CHEMISTRY STOOL CULTURES

LAB 10263 (8/94)
Cat.# 08881

Name: Amin, Ali

DOB: 09/30/1997

AA000078

Date:



LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

Phone: 703-742-3100

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
276-711-9131-0	S	AV	COMPLETE	1

ADDITIONAL INFORMATION

CC:7036418427

FASTING: N

PHONE: 703-963-2483 DOB: 9/30/1997

PATIENT NAME		SEX	AGE(YR./MOS.)	
AMIN,ALI S		M	9 /	
PT. ADD.: 5800 QUANTRELL DR APT 621				
Alexandria		VA	22312-0000	
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
10/03/2006 15:40	10/04/2006	10/04/2006	9:37	1631

CLINICAL INFORMATION

CD-11024960956

PHYSICIAN ID.
LEIBOWITZ

PATIENT ID.

ACCOUNT: Gastroenterology Assoc-William

3022 Williams Dr #301

Fairfax

VA 22031-0000

ACCOUNT NUMBER: 45612022

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

A courtesy copy of this report has been sent to
703-641-8427.

CBC With Differential/Platelet

WBC	5.7	x10E3/uL	4.0 - 13.5	AV
> RBC	5.69H	x10E6/uL	3.90 - 5.10	AV
Hemoglobin	11.9	g/dL	11.5 - 14.5	AV
Hematocrit	36.9	%	33.0 - 45.0	AV
> MCV	65 L	fL	78 - 96	AV
> MCH	21.0L	pg	23.0 - 33.0	AV
MCHC	32.3	g/dL	31.0 - 37.0	AV
> RDW	19.1H	%	11.7 - 15.0	AV
> Platelets	473 H	x10E3/uL	140 - 440	AV
Neutrophils	56	%	38 - 58	AV
Lymphs	30	%	28 - 48	AV
Monocytes	10	%	4 - 13	AV
Eos	4	%	0 - 5	AV
Basos	0	%	0 - 2	AV
Neutrophils (Absolute)	3.2	x10E3/uL	1.5 - 7.8	AV
Lymphs (Absolute)	1.7	x10E3/uL	1.1 - 6.5	AV
Monocytes (Absolute)	0.6	x10E3/uL	0.2 - 1.8	AV
Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.7	AV
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.3	AV
Hematology Comments:	Note:			AV
2+ Anisocytosis				
2+ Microcytes				
Hepatic Function Panel (7)				
Protein, Total, Serum	7.3	g/dL	6.0 - 8.5	AV
Albumin, Serum	4.2	g/dL	3.5 - 5.5	AV
Bilirubin, Total	0.3	mg/dL	0.1 - 1.2	AV
Bilirubin, Direct	0.10	mg/dL	0.00 - 0.40	AV
Alkaline Phosphatase, S	146	IU/L	100 - 400	AV
AST (SGOT)	30	IU/L	0 - 60	AV
ALT (SGPT)	13	IU/L	0 - 55	AV
Sedimentation Rate-Westergren	12	mm/hr	0 - 15	AV
> C-Reactive Protein, Quant	9.7H	mg/L	0.0 - 4.9	AV
Ambig Abbrev CBC/Diff Default				
AV				

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to

Pat Name: AMIN, ALI S	Pat ID:	Spec #: 276-711-9131-0	Seq #: 1631
-----------------------	---------	------------------------	-------------

Results are Flagged in Accordance with Age Dependent Reference Ranges
Continued on Next Page



LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

Phone: 703-742-3100

SPECIMEN 276-711-9131-0	TYPE S	PRIMARY LAB AV	REPORT STATUS COMPLETE	Page #: 2	
ADDITIONAL INFORMATION					
CC:7036418427		FASTING: N PHONE: 703-963-2483 DOB: 9/30/1997			
PATIENT NAME AMIN, ALI S		SEX M	AGE(YR/MOS.) 9 /		
PT. ADD.: 5800 QUANTRELL DR APT 621 Alexandria VA 22312-0000					
DATE OF COLLECTION TIME 10/03/2006 15:40	DATE RECEIVED 10/04/2006	DATE REPORTED 10/04/2006	TIME 9:37	1631	
TEST		RESULT		LIMITS LAB	

CLINICAL INFORMATION CD- 11024960956	
PHYSICIAN ID. LEIBOWITZ	PATIENT ID.
ACCOUNT: Gastroenterology Assoc-William 3022 Williams Dr #301 Fairfax VA 22031-0000 ACCOUNT NUMBER: 45612022	

receive on this specimen, please contact the LabCorp Client Inquiry/
Technical Services Department to clarify the test order. We
appreciate your business.

Ambig Abbrev HFP7 Default

AV

A hand-written panel/profile was received from your office. In
accordance with the LabCorp Ambiguous Test Code Policy dated July
2003, we have completed your order by using the closest currently
or formerly recognized AMA panel. We have assigned Hepatic
Function Panel (7), Test Code #322755 to this request. If this
is not the testing you wished to receive on this specimen, please
contact the LabCorp Client Inquiry/Technical Services Department
to clarify the test order. We appreciate your business.

LAB: AV LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

DIRECTOR: David Harrer S MD

Pat Name: AMIN, ALI S	Pat ID:	Spec #: 276-711-9131-0	Seq #: 1631
------------------------------	----------------	-------------------------------	--------------------

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

Name: Amin, Ali

DOB: 09/30/1997

AA000080

Date:



LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

Phone: 703-742-3100

SPECIMEN 231-711-5686-0	TYPE S	PRIMARY LAB AV	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
CC: 7036418427 FASTING: N PHONE: 703-963-2483 DOB: 9/30/1997				
PATIENT NAME AMIN, ALI S		SEX M	AGE(YR./MOS.) 8 / 10	
PT. ADD.: 5800 QUANTRELL DR APT 621 ALEXANDRIA VA 22312-0000				
DATE OF COLLECTION TIME 8/19/2006 9:21	DATE RECEIVED 8/19/2006	DATE REPORTED 8/22/2006	TIME 5:39	1489
TEST		RESULT		

CLINICAL INFORMATION	
CD-11024958417	
PHYSICIAN ID. LEIBOWITZ I	PATIENT ID.
ACCOUNT: Gastroenterology Assoc-William	
3022 Williams Dr #301 Fairfax VA 22031-0000	
ACCOUNT NUMBER: 45612022	
LIMITS	
LAB	

A courtesy copy of this report has been sent to
703-641-8427.

CBC With Differential/Platelet

WBC	10.6	x10E3/uL	4.0 - 13.5	AV
RBC	5.58H	x10E6/uL	3.90 - 5.10	AV
Hemoglobin	11.7	g/dL	11.5 - 14.5	AV
Hematocrit	36.8	%	33.0 - 45.0	AV
MCV	66 L	fL	78 - 96	AV
MCH	21.0L	pg	23.0 - 33.0	AV
MCHC	31.9	g/dL	31.0 - 37.0	AV
RDW	15.7H	%	11.7 - 15.0	AV
Platelets	445 H	x10E3/uL	140 - 440	AV
Neutrophils	74 H	%	38 - 58	AV
Lymphs	13 L	%	28 - 48	AV
Monocytes	12	%	4 - 13	AV
Eos	1	%	0 - 5	AV
Basos	0	%	0 - 2	AV
Neutrophils (Absolute)	7.8	x10E3/uL	1.5 - 7.8	AV
Lymphs (Absolute)	1.4	x10E3/uL	1.1 - 6.5	AV
Monocytes (Absolute)	1.3	x10E3/uL	0.2 - 1.8	AV
Eos (Absolute)	0.1	x10E3/uL	0.0 - 0.7	AV
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.3	AV
Hematology Comments:	Note:			AV
2+ Anisocytosis				
2+ Microcytes				

Comp. Metabolic Panel (14)

Glucose, Serum	96	mg/dL	65 - 99	AV
BUN	10	mg/dL	5 - 26	AV
Creatinine, Serum	0.6	mg/dL	0.5 - 1.5	AV
BUN/Creatinine Ratio	17		8 - 27	
Sodium, Serum	137	mmol/L	135 - 148	AV
Potassium, Serum	4.5	mmol/L	3.5 - 5.5	AV
Chloride, Serum	103	mmol/L	96 - 109	AV
Carbon Dioxide, Total	20	mmol/L	20 - 32	AV
Calcium, Serum	9.8	mg/dL	8.5 - 10.6	AV
Protein, Total, Serum	7.1	g/dL	6.0 - 8.5	AV
Albumin, Serum	3.8	g/dL	3.5 - 5.5	AV
Globulin, Total	3.3	g/dL	1.5 - 4.5	
A/G Ratio	1.2		1.1 - 2.5	
Bilirubin, Total	0.5	mg/dL	0.1 - 1.2	AV

Pat Name: AMIN, ALI S	Pat ID:	Spec #: 231-711-5686-0	Seq #: 1489
-----------------------	---------	------------------------	-------------

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page



LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

Phone: 703-742-3100

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
231-711-5686-0	S	AV	COMPLETE	2

ADDITIONAL INFORMATION

CC:7036418427 FASTING: N
PHONE: 703-963-2483 DOB: 9/30/1997

PATIENT NAME SEX AGE(YR./MOS.)
AMIN, ALI S M 8 / 10

PT. ADD.: 5800 QUANTRELL DR APT 621
ALEXANDRIA VA 22312-0000

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
8/19/2006 9:21	8/19/2006	8/22/2006	5:39	1489

CLINICAL INFORMATION

CD- 11024958417

PHYSICIAN ID. PATIENT ID.
LEIBOWITZ

ACCOUNT: Gastroenterology Assoc-William

3022 Williams Dr #301
Fairfax VA 22031-0000

ACCOUNT NUMBER: 45612022

TEST	RESULT	LIMITS	LAB
Alkaline Phosphatase, S	126 IU/L	100 - 400	AV
AST (SGOT)	22 IU/L	0 - 60	AV
ALT (SGPT)	10 IU/L	0 - 55	AV
> Sedimentation Rate-Westergren	30 H mm/hr	0 - 15	AV
> C-Reactive Protein, Quant	77.5H mg/L	0.0 - 4.9	AV

Ambig Abbrev CBC/Diff Default

AV

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev CMP14 Default

AV

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: AV LabCorp Herndon

DIRECTOR: David Harrer S MD

13900 Park Center Road, Herndon, VA 20171-0000

Pat Name: AMIN, ALI S	Pat ID:	Spec #: 231-711-5686-0	Seq #: 1489
-----------------------	---------	------------------------	-------------

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

52.

Name: Amin, Ali

DOB: 09/30/1997

AA000082

Date:



LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

Phone: 703-742-3100

SPECIMEN 182-711-5872-0	TYPE S	PRIMARY LAB AV	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
FASTING: N PHONE: 703-963-2483 DOB: 9/30/1997				
PATIENT NAME AMIN, ALI S		SEX M	AGE(YR/MOS.) 8 / 9	
PT. ADDR: 5800 QUANTRELL DR APT 621 ALEXANDRIA VA 22312-0000				
DATE OF COLLECTION TIME 7/01/2006 11:50	DATE RECEIVED 7/02/2006	DATE REPORTED 7/04/2006	TIME 16:16	2536
TEST		RESULT		

CLINICAL INFORMATION CD- 11024955623	
PHYSICIAN ID. LEIBOWITZ I	PATIENT ID.
ACCOUNT: Gastroenterology Assoc-Siewick 3700 Joseph Siewick Dr Ste 308 Fairfax VA 22033-0000 ACCOUNT NUMBER: 45747542	

TEST	RESULT	LIMITS	LAB
CBC With Differential/Platelet			
WBC	6.9 x10E3/uL	4.0 - 13.5	AV
> RBC	5.93H x10E6/uL	3.90 - 5.10	AV
Hemoglobin	12.9 g/dL	11.5 - 14.5	AV
Hematocrit	40.3 %	33.0 - 45.0	AV
> MCV	68 L fL	78 - 96	AV
> MCH	21.8L pg	23.0 - 33.0	AV
MCHC	32.1 g/dL	31.0 - 37.0	AV
> RDW	16.6H %	11.7 - 15.0	AV
Platelets	402 x10E3/uL	140 - 440	AV
> Neutrophils	69 H %	38 - 58	AV
> Lymphs	19 L %	28 - 48	AV
Monocytes	8 %	4 - 13	AV
Eos	3 %	0 - 5	AV
Basos	1 %	0 - 2	AV
Neutrophils (Absolute)	4.9 x10E3/uL	1.5 - 7.8	AV
Lymphs (Absolute)	1.3 x10E3/uL	1.1 - 6.5	AV
Monocytes (Absolute)	0.5 x10E3/uL	0.2 - 1.8	AV
Eos (Absolute)	0.2 x10E3/uL	0.0 - 0.7	AV
Baso (Absolute)	0.0 x10E3/uL	0.0 - 0.3	AV
Hematology Comments:	Note:		AV
2+ Microcytes			
Comp. Metabolic Panel (14)			
Glucose, Serum	83 mg/dL	65 - 99	AV
BUN	13 mg/dL	5 - 26	AV
Creatinine, Serum	0.6 mg/dL	0.5 - 1.5	AV
BUN/Creatinine Ratio	22	8 - 27	
Sodium, Serum	140 mmol/L	135 - 148	AV
Potassium, Serum	3.8 mmol/L	3.5 - 5.5	AV
Chloride, Serum	104 mmol/L	96 - 109	AV
Carbon Dioxide, Total	24 mmol/L	20 - 32	AV
Calcium, Serum	9.4 mg/dL	8.5 - 10.6	AV
Protein, Total, Serum	7.1 g/dL	6.0 - 8.5	AV
Albumin, Serum	4.0 g/dL	3.5 - 5.5	AV
Globulin, Total	3.1 g/dL	1.5 - 4.5	
A/G Ratio	1.3	1.1 - 2.5	
Bilirubin, Total	0.4 mg/dL	0.1 - 1.2	AV
Alkaline Phosphatase, Serum	132 IU/L	100 - 400	AV
AST (SGOT)	24 IU/L	0 - 60	AV
ALT (SGPT)	16 IU/L	0 - 55	AV
Pat Name: AMIN, ALI S	Pat ID:	Spec #: 182-711-5872-0	Seq #: 2536

Results are Flagged in Accordance with Age Dependent Reference Ranges
Continued on Next Page

Name: Amin, Ali

DOB: 09/30/1997

AA000083

Date:



LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

Phone: 703-742-3100

SPECIMEN 182-711-5872-0	TYPE S	PRIMARY LAB AV	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION FASTING: N PHONE: 703-963-2483 DOB: 9/30/1997				
PATIENT NAME AMIN, ALIS		SEX M	AGE(YR./MOS.) 8 / 9	
PT. ADD.: 5800 QUANTRELL DR APT 621 ALEXANDRIA VA 22312-0000				
DATE OF COLLECTION TIME 7/01/2006 11:50	DATE RECEIVED 7/02/2006	DATE REPORTED 7/04/2006	TIME 16:16 2536	

CLINICAL INFORMATION CD- 11024955623	
PHYSICIAN ID. LEIBOWITZI	PATIENT ID.
ACCOUNT: Gastroenterology Assoc-Siewick	
3700 Joseph Siewick Dr Ste 308 Fairfax VA 22033-0000	
ACCOUNT NUMBER: 45747542	

TEST	RESULT	LIMITS	LAB
> Sedimentation Rate-Westergren	20 H mm/hr	0 - 15	AV
> Vitamin B12	967 H pg/mL	211 - 911	AV
> C-Reactive Protein, Quant	20.1H mg/L	0.0 - 4.9	AV

Ambig Abbrev CBC/Diff Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

AV

LAB: AV LabCorp Herndon
13900 Park Center Road, Herndon, VA 20171-0000

DIRECTOR: David Harrer S MD

Pat Name: AMIN, ALIS	Pat ID:	Spec #: 182-711-5872-0	Seq #: 2536
----------------------	---------	------------------------	-------------

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

Name: Amin, Ali

DOB: 09/30/1997

AA000084

Date:



Inova Fairfax Hosp Lab
3300 Gallows Road
Falls Church, VA 22042

AMIN, ALI

MED REC #: (00003)04012404

AGE: 8 YRS
Pediatrics 2 FX

DOB: [REDACTED]

SEX: M

ADMIT DATE: 04/19/06 DISCHARGE DATE: 04/24/06

--- PHYSICIAN: _____

IAN H LEIBOWITZ
3022 WILLIAMS DR
301
FAIRFAX
VA 220312430

SPECIAL CHEMISTRY

COLLECTION DATE 04/24/06
COLLECTION TIME 1730

UNITS REF. RANGE

REFERRED TESTS

TEST NAME

IBD firs
FOOTNOTET

LEGEND

T = TEXTUAL FOOTNOTE

..... 04/24/06 1730

IBD 1ST STEP SENT TO PROMETHIA LAB BY FED EXPRESS ON 4-25-06. SERUM
SENT...SEE CHART FOR RESULTS..4/28/06..

FOOTNOTE REVISED ON 04/28/06 AT 1615 BY X20094

IBD 1ST STEP SENT TO PROMETHIA LAB BY FED EXPRESS ON 4-25-06. SERUM SENT.

ADDENDUM REPORT: Physician Copy

PRINTED: 04/28/06 AT 1806

PAGE: 1 (end of report)

AMIN, ALI

MED REC #: (00003)04012404

SPEC CHEMISTRY

This document contains health information (PHI) that is legally protected by HIPAA and VA Law
If you received this in error, notify Inova Chief Privacy Officer @ (703)205-2337. LAB 10283 (8/94)
Cat.# 98881

Name: Amin, Ali

DOB: 09/30/1997

AA000085

Date:


PROMETHEUS™
 Therapeutics & Diagnostics

Test Results
PROMETHEUS™ IBD First Step Confirmatory System

 9410 Carroll Park Drive
 San Diego CA 92121
 Toll Free: 888/423-5227
 www.prometheuslabs.com

Patient & Order Information

 Order ID **912164**
 Patient **Amin, Ali**
 DOB **09/30/1997**
 SSN Sex **M**
 Institution ID **4012404** Prometheus ID **597999**
 Ordered **04/26/2006** Completed **04/27/2006**
 Ordered By **Catherine Chao M.D.**
Report Recipient

 Catherine Chao M.D.
 Gastroenterology Associates of Northern Virginia (Fair)
 3022 Williams Drive
 Suite 301
 Fairfax, VA 22031

703/716-8395 Phone 703/641-8427 Fax

Sample ID: SH04260624 Collection Date: 04/24/2006 5:30PM (Serum)

Institution Sample ID:

Test Result

Reference Value: Markers Not Detected

• IBD FIRST STEP: Markers Detected

IBD Confirmatory System performed due to "Markers Detected" result for IBD FIRST STEP

• IBD Confirmatory System: Markers Not Confirmed

- 74% of IBD patients are seropositive and confirmed for markers for IBD when reflexed to the IBD Confirmatory System.
- Up to 20% of IBD patients may not be confirmed by the IBD Confirmatory System.
- The IBD FIRST STEP is optimized for sensitivity (>94%) for IBD. The IBD Confirmatory System is performed after a positive IBD FIRST STEP result is obtained. The IBD Confirmatory System is optimized for specificity of IBD (>90%) in order to minimize false positives.

Note: Based on Prometheus validation data n=402, 68% IBD prevalence. Prevalence in other populations may vary.

Assay Results

Assay	Results	Reference Value	Elevated Levels	Results Relative to Reference Value			
ASCA IgA ELISA	14.8 EU/ml	<20.0 EU/ml		0%	100%	200%	300%
ASCA IgG ELISA	28.6 EU/ml	<40.0 EU/ml					
Anti-OmpC IgA ELISA	14.2 EU/ml	<18.5 EU/ml					
Assays for Neutrophil-Specific Nuclear Autoantibodies (previously pANCA)				Reference Value			
Neutrophil Autoantibody ELISA	< 12.1 EU/ml	<12.1 EU/ml					
IFA Perinuclear Pattern	<input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> Detected	Not Detected					
DNase Sensitivity	<input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> DNase Sensitive <input type="checkbox"/> DNase Resistant <input type="checkbox"/> DNase Sensitive (cytoplasmic)	Not Detected					
Summary: Neutrophil-Specific Nuclear Autoantibody	Not Detected	Not Detected					

 Robert M. Nakamura M.D., Medical Director
 Curtis A. McGuyer, M.D. Associate Medical Director
 Bernard Chang M.D., Associate Director

 IBD FIRST STEP is a service mark of Prometheus Laboratories Inc.
 Copyright ©2006 Prometheus Laboratories Inc. All Rights Reserved.
 Prometheus Laboratories Inc. is accredited by the College of American Pathologists.

 Printed 4/27/2008
 Page 1 of 1

Name: Amin, Ali

DOB: 09/30/1997

AA000086

Date:

FAIRFAX HOSPITAL

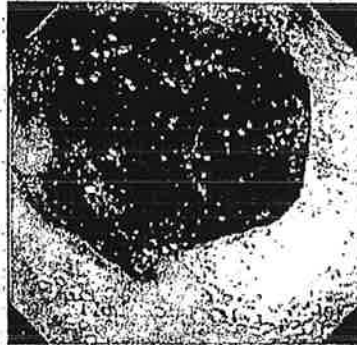
EGD Examination Images Report

Patient: ALI AMIN
Patient ID: 04012404
Exam Date: 4/24/2006 14:38:54

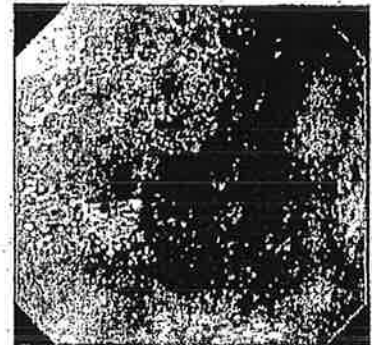
Attending Physician: Catherine Chao, M.D.
Referring Physician:



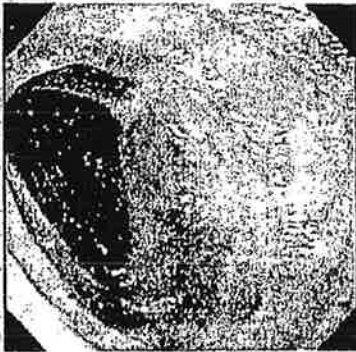
1.



2.



3.



4.

4/24/2006

FAIRFAX HOSPITAL

Colonoscopy Examination Images Report

Patient: ALI AMIN
Patient ID: 04012404
Exam Date: 4/24/2006 14:57:10

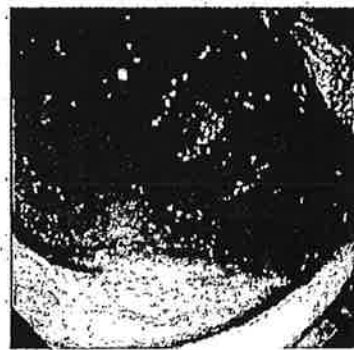
Attending Physician: Catherine Chao, M.D.
Referring Physician:



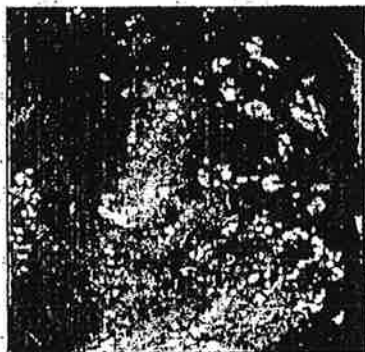
2.



3.



4.



5.



6.



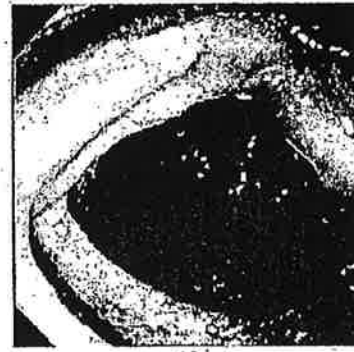
7.



8.



9.



10.

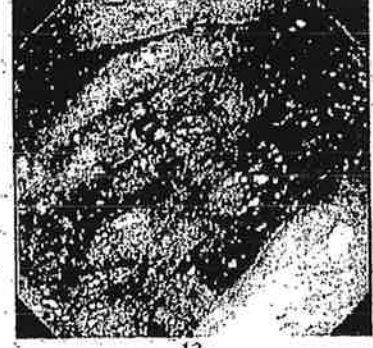
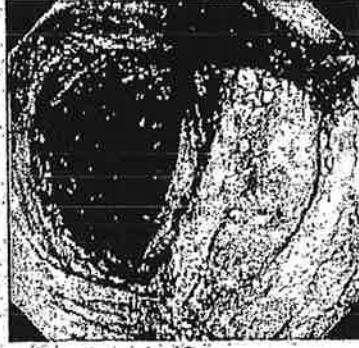
4/24/2006

FAIRFAX HOSPITAL

Colonoscopy Examination Images Report

Patient: ALI AMIN
Patient ID: 04012404
Exam Date: 4/24/2006 14:57:10

Attending Physician: Catherine Chao, M.D.
Referring Physician:



4/24/2006

GASTROENTEROLOGY ASSOCIATES
of Northern Virginia, Ltd.

ms

**Adult
Gastroenterology**

Kenneth R. Mirkin, M.D.
Michael A. Garone, M.D.
Peter L. Scudera, M.D.
Byungki Kim, M.D.
Tonya Adams, M.D.
Jeremias C. Tan, M.D.

October 3, 2006

**Pediatric
Gastroenterology**

Ian H. Leibowitz, M.D.
Lynn F. Duffy, M.D.
Catherine S. Chao, M.D.
Peter Lee, M.D.
Otto Louis-Jacques, M.D.

Gary Bergman, M.D.
6303 Little River Turnpike 300
Alexandria VA 22312-5045

Re: Ali Amin

Dear Gary:

I had the pleasure of seeing Ali in follow up on October 3, 2006. Mom is concerned that he may be having a possible flare up as about once a week he is complaining of abdominal pain, but more than that, he has no interest in food. He has not really lost any weight but he has no appetite and while he feels his energy is good, mom feels it has decreased.

He has not had fever, rashes, joint pains. He has not had diarrhea. He has had no other problems. He is doing well in the fourth grade.

His only medication is Asacol.

On physical exam, weight is 67 ½ pounds, height 53 ½". Pulse 90. He is not pale or icteric. There are no oral lesions. He does have a somewhat flat affect and seems somewhat sad. His chest is clear. Heart is without murmurs. His abdomen is soft, non-distended, but he is slightly tender on deep palpation in the right lower quadrant.

I would be inclined to agree with mom that his disease seems to be active. Whether it is a source of everything or not, I am not sure. Certainly his sadness is more difficult to explain. I am going to get some screening laboratory studies. We will probably need to adjust his meds. It may be beneficial for him to talk to a counselor at school or someone to see if there are any issues.

Thank you for allowing us to be involved in Ali's care.

Best regards,

Jim

Ian H. Leibowitz, M.D.

IHL/dd

Offices

3022 Williams Drive
Suite 301
Fairfax, Virginia
22031
Ph (703) 698-8960
Fax (703) 641-8427

Fair Oaks Medical Plaza
3700 Joseph Siewick Drive
Suite 308
Fairfax, Virginia
22033
Ph (703) 716-8700
Fax (703) 716-8703

100 Elden Street
Suite 12
Herndon, Virginia
20170
Ph (703) 435-8536
Fax (703) 435-0801

15020 Shady Grove Road
Suite 315
Rockville, Maryland
20850
Ph (301) 340-1341
Fax (240) 403-0888

INOVA Center for
Liver Diseases
8305 Arlington Boulevard
Suite 200
Fairfax, Virginia 22031

Billing Office
100 Elden Street
Suite 12
Herndon, Virginia
20170
Ph (703) 481-9494
Fax (703) 435-0801

www.gastroenterologyassoc.com

GASTROENTEROLOGY ASSOCIATES

of Northern Virginia, Ltd.

Adult Gastroenterology

Kenneth R. Mirkin, M.D.
Michael A. Garone, M.D.
Peter L. Scudera, M.D.
Byungki Kim, M.D.
Tonya Adams, M.D.
Nader H. Balba, M.D.

Pediatric Gastroenterology

Ian H. Leibowitz, M.D.
Lynn F. Duffy, M.D.
Catherine S. Chao, M.D.
Peter Lee, M.D.
Otto Louis-Jacques, M.D.

Offices

3022 Williams Drive
Suite 301
Fairfax, Virginia
22031
Ph (703) 698-8960
Fax (703) 641-8427

Fair Oaks Medical Plaza
3700 Joseph Siewick Drive
Suite 308
Fairfax, Virginia
22033
Ph (703) 716-8700
Fax (703) 716-8703

100 Elden Street
Suite 12
Herndon, Virginia
20170
Ph (703) 435-8536
Fax (703) 435-0801

15005 Shady Grove Road
Suite 120
Rockville, Maryland
20850
Ph (301) 340-1341
Fax (240) 403-0888

INOVA Center for
Liver Diseases
8305 Arlington Boulevard
Suite 200
Fairfax, Virginia 22031

Billing Office
100 Elden Street
Suite 12
Herndon, Virginia
20171
Ph (703) 481-9494
Fax (703) 435-0801

August 31, 2006

Gary Bergman, M.D.
6303 Little River Turnpike 300
Alexandria VA 22312-5045

Re: Ali Amin

Dear Gary:

I had the pleasure of seeing Ali in follow up on August 31, 2006. He has had a very good summer. Mom is a little concerned about his appetite and he really has not gained any weight over the summer but he complains of no diarrhea. He has abdominal pain once every two to four weeks, crampy, usually better after going to the bathroom. He has had no bleeding. He has had no fever, rashes, or joint pains. He has no nocturnal pain.

He is on Asacol.

On physical exam, weight is 68 pounds. BP 96/68. Pulse 80 and he looks well. He is not pale or icteric. There are no oral lesions. His chest is clear. His heart is without murmurs. His abdomen is soft, non-tender, without organomegaly or masses.

His labs show a microcytic type of picture. He also has evidence of a high sed rate of 30 and a CRP of 70.

I had a good discussion with mother. I think it is apparent that there is some degree of disease activity that is not responding to the Asacol alone. I have increased the Asacol to three times a day. I discussed further therapy with mother who would like to try to do anything to avoid steroids. He did not do well on Flagyl earlier so we are going to try an alternative antibiotic such as doxycycline. I have warned them about taking lots of water to make sure the pill goes down and he has no trouble swallowing pills. If this does not work then we would consider further intervention.

Thank you for allowing us to be involved in Ali's care.

Best regards,



Ian H. Leibowitz, M.D.

IHL/dd

www.gastroenterologyassoc.com

Name: Amin, Ali

DOB: 09/30/1997

AA000091

Date:

GASTROENTEROLOGY ASSOCIATES
of Northern Virginia, Ltd.

**Adult
Gastroenterology**

Kenneth R. Mirkin, M.D.
Michael A. Garone, M.D.
Peter L. Scudera, M.D.
Byungki Kim, M.D.
Tonya Adams, M.D.
Nader H. Balba, M.D.

July 12, 2006

**Pediatric
Gastroenterology**

Ian H. Leibowitz, M.D.
Lynn F. Duffy, M.D.
Catherine S. Chao, M.D.
Peter Lee, M.D.
Otto Louis-Jacques, M.D.

Gary Bergman, M.D.
6303 Little River Turnpike 300
Alexandria VA 22312-5045

Re: Ali Amin

Dear Gary:

Offices

3022 Williams Drive
Suite 301
Fairfax, Virginia
22031
Ph (703) 698-8960
Fax (703) 641-8427

Fair Oaks Medical Plaza
3700 Joseph Siewick Drive
Suite 308
Fairfax, Virginia
22033
Ph (703) 716-8700
Fax (703) 716-8703

100 Elden Street
Suite 12
Herndon, Virginia
20170
Ph (703) 435-8536
Fax (703) 435-0801

15005 Shady Grove Road
Suite 120
Rockville, Maryland
20850
Ph (301) 340-1341
Fax (240) 403-0888

INOVA Center for
Liver Diseases
8305 Arlington Boulevard
Suite 200
Fairfax, Virginia 22031

Billing Office
100 Elden Street
Suite 12
Herndon, Virginia
20170
Ph (703) 481-9494
Fax (703) 435-0801

I had the pleasure of seeing Ali in follow up on July 12, 2006 and things have improved markedly. He has had no real symptoms. He says once in a week or so he gets a little bit of cramping and his stools are now once or twice a day. He eats meals five to six times a day, small meals at a time. Mom says that his appetite is the only thing that is not normal. He has good energy. He has not had fever, rashes, or joint pains.

Recent labs show a hemoglobin of 12, hematocrit of 40, platelets 402, CRP and sed rate are still mildly elevated with a CRP of 20.

I had a good discussion with mother. Ali's symptoms do seem to be responding. His MCV still remains very low and so I think with his next labs, iron studies, a hemoglobin, electrophoresis should be done. He will stay on a low fiber diet. He will continue the Asacol. Clearly things have gone very nicely and if he continues on this course, hopefully, no further intervention will be needed but I suspect that over time other medications will probably be appropriate.

Thank you for allowing me to be involved in Ali's care.

Best regards,



Ian H. Leibowitz, M.D.

IHL/dd

www.gastroenterologyassoo.com

ESTABLISHED PATIENT VISIT FORM

DATE: 08-11-06 PATIENT: Amin, Ali DOB: _____ ACCT: _____Chief Complaint: fatigue, cramps

History of Present Illness: (Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Assoc. signs/symptoms) (1-3 brief, 4+ extended)

OR Status of Chronic or Inactive Conditions

HPD: No - quiet next to camp

Medication	<u>Asacol</u>	Dose	<u>2</u>	Frequency	<u>1/1/1</u>	Medication		Dose		Frequency	

ROS UNCHANGED since History recorded on _____ EXCEPT FOR _____

PFSH UNCHANGED since History recorded on _____ EXCEPT FOR _____

PHYSICAL EXAMINATION

Constitutional	Weight: <u>68</u>	BP: <u>96/68</u>	P: <u>81</u>	T: _____	Height: <u>53.75</u>
Psychiatric	Appearance: <u>Well nourished</u>	<u>o Well</u>	<u>o Ill</u>	<u>o Cachectic</u>	<u>o Obese</u>
Psychiatric	Affect	Normal	Abnormal	Ear, Nose, Mouth, Throat	Lips
	Orientation	<input checked="" type="checkbox"/>			Teeth/Gums
	Mood	<input checked="" type="checkbox"/>			Oropharynx
Eyes	Sclera	<input checked="" type="checkbox"/>		Respiratory	Auscultation
	Conjunctiva	<input checked="" type="checkbox"/>			Effort
Cardiovascular	Heart sounds	<input checked="" type="checkbox"/>		Abdomen	Liver
	Rhythm	<input checked="" type="checkbox"/>			Spleen
	Peripheral pulses	<input checked="" type="checkbox"/>			Anus
	Rate	<input checked="" type="checkbox"/>			Rectal
Additional Findings	<u>alm. finger on @ hand</u>				
					Hemucult
					Tenderness
					Masses

Impression/1. cramps, chills 2. Other: Throat, w/ chills

Diagnosis

Tests/Labs Reviewed:

X-ray _____ CT scan _____ UGI _____
 U/S _____ CBC _____ Chemistry _____
 U/A _____ Other _____
 (If normal, list date performed. If abnormal, list results.)

Tests/Labs Ordered:

X-ray _____ CT scan _____ UGI _____ BE _____ MRI _____
 U/S _____ CBC _____ Chemistry _____ U/A _____ Other _____

(Please place the numeric indicator of the impression/diagnosis in the blank next to the test ordered.)

Diagnostic/Surgical Procedure(s) Recommended:

Surgical Procedure Scheduled? Yes _____ Date _____ Time _____ Not Scheduled? _____ Reason _____

Other Recommendations:

New Prescription for:

Flagyl - had recently

Refill Prescription for:

The nature, alternatives, indications, risks, prep and anesthesia plan for the above procedure(s) were discussed with the patient and/or guardian and all questions were answered. The patient and/or guardian verbalized an understanding and consented to undergo the above procedure(s).

ASA Class

No

ASA Class

face-to-face time with patient

Time spent in counseling and/or coordination of care

Discussion:

(1) ↑ Asacol to TID

(4) 10 months

(2) imm. chills, w/ chills

(3) Poxylone foam

J. Leung

MD

GASTROENTEROLOGY ASSOCIATES
of Northern Virginia, Ltd.

**Adult
Gastroenterology**

Kenneth R. Mirkin, M.D.
Michael A. Garone, M.D.
Peter L. Scudera, M.D.
Byungki Kim, M.D.
Tonya Adams, M.D.
Nader H. Balba, M.D.

**Pediatric
Gastroenterology**

Ian H. Leibowitz, M.D.
Lynn F. Duffy, M.D.
Catherine S. Chao, M.D.
Peter Lee, M.D.
Otto Louis-Jacques, M.D.

Offices

3022 Williams Drive
Suite 301
Fairfax, Virginia
22031
Ph (703) 698-8960
Fax (703) 641-8427

Fair Oaks Medical Plaza
3700 Joseph Siewick Drive
Suite 308
Fairfax, Virginia
22033
Ph (703) 716-8700
Fax (703) 716-8703

100 Elden Street
Suite 12
Herndon, Virginia
20170
Ph (703) 435-8536
Fax (703) 435-0801

15005 Shady Grove Road
Suite 120
Rockville, Maryland
20850
Ph (301) 340-1341
Fax (240) 403-0888

INOVA Center for
Liver Diseases
8305 Arlington Boulevard
Suite 200
Fairfax, Virginia 22031

Billing Office
100 Elden Street
Suite 12
Herndon, Virginia
20170
Ph (703) 481-9494
Fax (703) 435-0801

June 14, 2006

Gary Bergman, M.D.
6303 Little River Turnpike 300
Alexandria VA 22312-5045

Re: Ali Amin

Dear Gary:

Just a short note to update you on Ali's care. Ali was seen in follow up on June 14, 2006 after his hospitalization in April. At that time, he had endoscopic evaluation which suggested that he has Crohn's disease. However, the family had not followed up and he apparently has been on Flagyl several times on the outside.

He continues to have occasional cramps. He stools about five to six times a day. He has lost a little bit of weight. His energy is not great and his appetite has decreased. He has not had fever, rashes, or joint pains.

He took Flagyl for fourteen days with a lot of nausea.


There is no other notable past history.

There is no family history.

I had a good discussion with Ali and his mother. His biopsies showed evidence of non-caseating granulomas in the terminal ileum as well as the colon. There were no acid fast bacilli stain seen on the stain. I think this makes a diagnosis of Crohn's disease and I have explained that at length to the family. I have started him on Asacol. Follow up labs will be obtained. I have begun the educational process. I have recommended at this point a low fiber diet with a multivitamin. They will join the Crohn's and Colitis Foundation. I have asked them to check back with me in about a month.

Thank you for allowing us to be involved. I will keep you informed of his progress.

Best regards,


Ian H. Leibowitz, M.D.

IHL/dd

www.gastroenterologyassoc.com



**INOVA FAIRFAX
HOSPITAL FOR CHILDREN**

*Catherine Chao, MD
Lynn S. Duffy, MD
Peter Lee, MD
Ian Leibowitz, MD
Oto Louis-Jaques, MD*

*Inova Pediatric Gastroenterology Center
3022 Williams Drive, Suite 301
Fairfax, VA 22031
Tel 703-698-8960
Fax 703-641-8427*

MS

February 28, 2007

Gary Bergman, M.D.
6303 Little River Turnpike 300
Alexandria VA 22312-5045

Re: Ali Amin

Dear Gary:

I had the pleasure of seeing Ali in follow up, on February 28, 2007. Things have gone very well since starting the 6-MP. He is having no diarrhea. Stools about once to three times a day. There is no bleeding. He is having no abdominal pain. His appetite and energy have improved. He feels much, much better.

Current medications are Asacol and 6-MP.

He has had monitoring of his liver functions and his CBC's which have been normal.

On physical exam, weight is 72 pounds, height 54". BP 90/61. He looks great. He is not pale or icteric. There are no oral lesions. His chest is clear. Heart is without murmurs. Abdomen is benign.

I had a good discussion with Ali and his mother. Certainly things have improved for him and while it is a little early to give the 6-MP too much credit it is my hope that we will be able to maintain him at a good longstanding remission at least through puberty on this drug.

Thank you for allowing us to be involved. I will keep you informed of his progress.

Best regards,

Ian H. Leibowitz, M.D.

IHL/dd

To: Ian H Leibowitz, MD

From: INOVA HEALTH SYSTEM

Page 2 of 7

Friday, April 21, 2008 2:47:58 AM

**INOVA FAIRFAX HOSPITAL
INOVA FAIRFAX HOSPITAL FOR CHILDREN****Inova Health System****CONSULTATION REPORT**

PATIENT NAME: AMIN, ALI
MEDICAL RECORD NUMBER: 04012404
DATE OF BIRTH: [REDACTED]
ADMISSION DATE: 04/19/2006

PATIENT LOCATION: W55 W53701

DATE OF CONSULTATION: 04/19/2006
CONSULTANT: Ian H Leibowitz, MD
CONSULTING SERVICE: GASTROENTEROLOGY

ATTENDING PHYSICIAN: KAREN R. MCELISH, M.D.

REASON FOR CONSULTATION: This is an 8-year-old with abdominal pain with swelling of the ileum on CT scan.

HISTORY OF PRESENT ILLNESS: The patient is an 8-year-old child who, according to mom, was in his usual state of health until about 2 to 3 weeks ago when he suddenly started complaining of right lower quadrant abdominal pain. Initially, it was not severe, but ultimately over time, it has become a bigger and bigger deal, most notable because of the decrease in appetite. Mom said he has lost weight visibly, but she has not actually weighed him and does not know how many pounds he has lost. He has had increased frequency of loose stools, going about 3 to 4 times a day, generally not waking at night. There has been no bleeding. He has occasional emesis, usually about once a day, some days none and usually after eating.

He has not had melena. He has had no hematemesis or hematochezia. He has had no fever. There have been no sick contacts at home. He has been on no medications. He has not been on antibiotics recently. There is no history of fevers. There are no rashes, joint pain or dysuria. He denied any mouth sores. The pain has not moved and it is persistent pressure-like pain in the right lower quadrant. He does not have pain related to going to the bathroom, but he does have some component of urgency or tenesmus. The family had not traveled. He was born in Sudan, but has been here since about a year and a half. There have been no recent visitors from another country.

There is no family history of any diseases. He is an only child. Mom and dad are in good health. Cousins, uncles and aunts are in good health.

PHYSICAL EXAMINATION: He is afebrile with pulse of 80, respirations 18, blood pressure 102/57, pulse oximetry is 99, weight 34 kg, height 136, 75th to 90th percentile for height and weight. He is a very pleasant, articulate young boy in no distress. He is not pale or icteric. There were no oral lesions. He has no skin rashes. There is no significant adenopathy. Chest: Clear to auscultation and percussion. Heart: Regular sinus rhythm, without murmurs, gallops or rubs. Abdomen: Soft, nondistended, but he is tender in the right lower quadrant, without rebound, rigidity or guarding. There are no perianal lesions. There is no CVA tenderness.

LABORATORY DATA: Showed white blood count 6000, hemoglobin 12.8, hematocrit 39, 56 granulocytes, 28 lymphocytes, 13 monocytes. Platelets 361,000. Electrolytes are normal. Lipase is 246, amylase is normal. Liver functions are normal. Albumin was normal. Interestingly, his MCV is 65, although his red cell mass is 6000. RDW is 16.

I have reviewed his CT scan with Dr. Jerath. He has an area of inflamed small bowel, in the area of the terminal ileum. Cecum appears normal. The appendix is not well visualized, but there is no periappendiceal fluid or inflammation. The base of the cecum appears to be visualized and normal.

Copy For: Ian H Leibowitz, MD

AA000096

**INOVA FAIRFAX HOSPITAL
INOVA FAIRFAX HOSPITAL FOR CHILDREN****Inova Health System****CONSULTATION REPORT**

PATIENT NAME: AMIN, ALI
MEDICAL RECORD NUMBER: 04012404
DATE OF CONSULTATION: 04/19/2006

Page 2 of 2

IMPRESSION: This is an 8-year-old with an approximately 3 week history of abdominal pain, decreased appetite and thickened loop of ileum. The differential diagnosis includes things like infectious etiology, Salmonella, Shigella, and Yersinia. Most of these are food born and Yersinia, while quite rare in this country, occasionally can be acquired by eating nonpasteurized food. The family denies any of that.

Tuberculosis would be another infection that could cause this disorder. Crohn's disease certainly needs to be thought of even though there is no family history, he is young and certainly the ethnic group does not convey a significant risk. However, the duration of the illness, the rather insidious symptoms, the notable ileal thickening, all speak towards that possibility.

Lymphoma also has to be considered in this differential diagnosis. There are no other signs of hepatosplenomegaly or significant adenopathy, although there is some adenopathy in the lower abdomen on CT scan.

Accordingly, I would suggest the following

1. I think you can advance his diet at least to clear liquids and tomorrow we can try a low fiber diet.
2. Will do a workup for inflammatory bowel disease workup. I think he needs to have stool cultures including Yersinia. Will probably get stool for parasites, as well. Will get a CBC with hemoglobin, electrophoresis and iron studies. Will get sedimentation rate, CRP and fecal calprotectin. Would consider doing an IBD panel of antibodies.
3. If stool cultures are normal, would go ahead and plan to do colonoscopy with ileal biopsies and possibly upper GI small bowel series _____. If this is nondiagnostic, would consider a video capsule endoscopy, if needed.

Thank you for allowing us to be involved. I would be pleased to follow with you in the hospital.

Electronic Signing MD: Ian H Leibowitz, MD (06918)

D: 04/19/2006 by Ian H Leibowitz, MD
T: 04/19/2006 by mdi9334 (J:000304619) (N: 1586563)
cc: Ian H Leibowitz, MD
Karen R McElfish, MD

Copy For: Ian H Leibowitz, MD

K

**INOVA FAIRFAX HOSPITAL
INOVA FAIRFAX HOSPITAL FOR CHILDREN****Inova Health System****HISTORY AND PHYSICAL EXAMINATION**

PATIENT NAME: AMIN, ALI
MEDICAL RECORD NUMBER: 04012404
DATE OF BIRTH: [REDACTED]
ADMISSION DATE: 12/01/2006

PATIENT LOCATION: O5E O55501

ATTENDING PHYSICIAN: Lynn F Duffy, MD

ADMISSION DIAGNOSIS: CROHN'S DISEASE FLAIR

CHIEF COMPLAINT: 9-year-old male with a history of Crohn's disease, now with a three day history of vomiting, diarrhea and low grade fever.

HISTORY OF PRESENT ILLNESS: The patient is a 9-year-old male who was in his usual state of health on Asacol for Crohn's disease in remission until approximately three days ago. He started having increasing abdominal pain, loose stools with occasional blood, and then vomiting. He was seen in the Emergency Room two days ago and had an abdominal CAT scan which did not show any perforation or abscess. He was started on oral steroids, but has continued to have some vomiting and increasing pain. As a result he was admitted to the hospital. He has not been able to eat. He has lost approximately two pounds over the last few days. He has no rash or joint symptoms.

PAST MEDICAL HISTORY: Past medical history reveals he was diagnosed with Crohn's eight months ago, and his disease is ileocolonic.

PHYSICAL EXAMINATION:

GENERAL: On physical examination, the patient is well appearing and in no acute distress. He did have a heating pad on his abdomen.

CARDIAC: Regular rhythm.

LUNGS: Chest is clear.

ABDOMEN: His abdomen is soft and nondistended with normoactive bowel sounds. He has tenderness in the right upper and right lower quadrants. No masses. No guarding or rebound. No organomegaly.

EXTREMITIES: His extremities are normal.

IMPRESSION: 9-year-old male with Crohn's disease; now having a flair.

PLAN: Admit to the hospital. IV hydration. Clear liquid diet. IV hydrocortisone 30 mg q.6h. Will hold Asacol for now.

Electronic Signing MD: Lynn F Duffy, MD (02338)

D: 12/01/2006 by Lynn F Duffy, MD
T: 12/01/2006 by mm2 (J:000022847) (N: 1781815)
cc: Lynn F Duffy, MD

Copy For: Lynn F Duffy, MD

2 MAY 2006 11:26

Gold-Fax Message

Page 3/7

Inova Fairfax Hospital

AMIN, ALI

AGE: 8 YRS DOB: [REDACTED] 7 SEX: M
MED REC #: (00003)04012404

SURGICAL PATHOLOGY REPORT

ORDERED TEST: SURGICAL PATHOLOGY RPT - INOVA

GROSS DESCRIPTION:

A. Received in formalin are three irregular pieces of tan-yellow soft tissue, ranging from less than 0.1 cm to 0.3 x 0.2 x 0.2 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

B. Received in formalin is an irregular piece of tan-yellow soft tissue, measuring 0.2 x 0.2 x 0.2 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

C. Received in formalin is an irregular piece of tan-gray soft tissue, measuring 0.4 x 0.3 x 0.2 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

D. Received in formalin are two irregular pieces of tan-yellow soft tissue, each measuring 0.3 x 0.3 x 0.2 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

E. Received in formalin is an irregular piece of tan-yellow soft tissue, measuring 0.5 x 0.2 x 0.1 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

F. Received in formalin is an irregular piece of tan-yellow soft tissue, measuring 0.7 x 0.3 x 0.2 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

G. Received in formalin is an irregular piece of tan-yellow soft tissue, measuring 0.3 x 0.2 x 0.2 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

H. Received in formalin are two irregular pieces of tan-yellow soft tissue, measuring 0.3 x 0.1 x 0.1 cm and 0.3 x 0.2 x 0.1 cm. The specimen is wrapped in lens paper and entirely submitted in one cassette.

RM /KMS

T: 04/24/06

|||||
Inova Health System Facsimile Form
Printed: 05/02/06 at 1115
Page: 2 (cont.)

AMIN, ALI
MED REC #:(00003)04012404

*** PHYSICIAN CHART COPY...DO NOT DISCARD ***

Name: Amin, Ali

DOB: 09/30/1997

AA000100

Date:

2-MAR-2006 11:26

Gold-Fax Message

Page 4/7

Inova Fairfax Hospital

AMIN, ALI

AGE: 8 YRS DOB: [REDACTED] SEX: M
MED REC #: (00003)04012404

SURGICAL PATHOLOGY REPORT

ORDERED TEST: SURGICAL PATHOLOGY RPT - INOVA

MICROSCOPIC DESCRIPTION:

A. Levels 1 and 2 are sections of biopsy portions of small bowel mucosa, including clusters of submucosal Brunner's glands. There is preservation of the villous surface configuration, lined by columnar epithelium with scattered goblet cells. The lamina propria is populated by the usual chronic inflammatory cells, including lymphocytes, plasma cells, and eosinophils. Within one small separate fragment, there are mildly increased numbers of chronic inflammatory cells within the lamina propria.

B. Levels 1 and 2 are sections of a biopsy portion of non-ulcerated gastric mucosa, including muscularis mucosa. The surface and foveolae are lined by columnar epithelium with focal mild increased cytoplasmic basophilia and reactive nuclear changes. Within the superficial lamina propria, there are mildly increased numbers of chronic inflammatory cells, including lymphocytes, plasma cells, and occasional eosinophils. No organisms with the morphologic features of *Helicobacter pylori* are identified by H&E stain. No urease test has been ordered. Giemsa stain is requested for further evaluation.

C. Levels 1 and 2 are sections of fragmented biopsy portions of nonkeratinizing stratified squamous epithelium, consistent with esophageal mucosa. There is mild proliferation of the basal layers associated with infiltration of the epithelium by scattered lymphocytes. Vascular papillae are focally mildly prominent and edematous. No intramucosal neutrophils or eosinophils are identified. No glandular mucosa is present.

D. Levels 1 and 2 are sections of biopsy portions of small bowel mucosa. The surface epithelium is partially disrupted, with a few separate villous fragments. The lamina propria is infiltrated by increased numbers of inflammatory cells, including neutrophils admixed with lymphocytes, plasma cells, and eosinophils. The glands are lined by columnar epithelium with scattered goblet cells. Within the lamina propria, there are at least three nodular aggregates of epithelioid histiocytes, consistent with epithelioid granulomata. No crypt abscesses are seen. Special stains for organisms, including GMS and auramine stains, will be requested for further evaluation. An addendum will be issued.

E. Levels 1 and 2 are sections of a biopsy portion of colonic mucosa. Similar to part D, there is infiltration of the lamina propria by moderate numbers of

Inova Health System Facsimile Form
Printed: 05/02/06 at 1115
Page: 3 (cont.)AMIN, ALI
MED REC #: (00003)04012404

*** PHYSICIAN CHART COPY...DO NOT DISCARD ***

Name: Amin, Ali

DOB: 09/30/1997

AA000101

Date:

2 MAY 2006 11:26

Gold-Fax Message

Page 5/7

Inova Fairfax Hospital

AMIN, ALI

AGE: 8 YRS DOB: [REDACTED] SEX: M
MED REC #: (00003)04012404

SURGICAL PATHOLOGY REPORT

ORDERED TEST: SURGICAL PATHOLOGY RPT - INOVA

MICROSCOPIC DESCRIPTION:

Inflammatory cells, including neutrophils admixed with lymphocytes, plasma cells, and eosinophils. There are collections of epithelioid histiocytes, forming vague granulomata. The glands are tubular in configuration, lined by columnar epithelium with scattered goblet cells. No crypt abscesses are identified. Sections include a small, partially crushed lymphoid aggregate.

F. Levels 1 and 2 are sections of biopsy portions of non-ulcerated colonic mucosa, composed of tubular glands, lined by columnar epithelium with scattered goblet cells. The lamina propria is infiltrated by increased numbers of inflammatory cells, including lymphocytes, plasma cells, and eosinophils, among which there are scattered neutrophils. Sections include separate fragments, within which there are reactive lymphoid aggregates.

G. Levels 1 and 2 are sections of a biopsy portion of non-ulcerated colonic mucosa, composed of tubular glands, lined by columnar epithelium with scattered goblet cells. The lamina propria is populated by the usual chronic inflammatory cells, including lymphocytes, plasma cells, and eosinophils. These appear uniformly distributed, without significant increase. A single focus is present beneath the mucosa, composed of loosely aggregated epithelioid histiocytes, suggestive of a small epithelioid granuloma. No crypt abscesses are seen.

H. Levels 1 and 2 are sections of biopsy portions of non-ulcerated glandular mucosa, composed of tubular glands, lined by columnar epithelium with moderately abundant mucus-secreting goblet cells. The lamina propria is populated by the usual chronic inflammatory cells, including lymphocytes, plasma cells, and eosinophils. Loose aggregates of epithelioid histiocytes are focally present beneath the surface epithelium. No crypt abscesses are identified.

COMMENT: Within sections of the terminal ileum and ileocecal valve, there is active chronic inflammation with formation of noncaseating epithelioid granulomata, most suggestive of involvement by Crohn's disease. Scattered granulomata are seen within more distal colonic biopsies, associated with otherwise minimal evidence of chronic inflammation. Special stains for organisms are pending. An addendum will be issued.

DBR/KMS

|||||
Inova Health System Facsimile Form
Printed: 05/02/06 at 1115
Page: 4 (cont.)

AMIN, ALI
MED REC #: (00003)04012404

*** PHYSICIAN CHART COPY...DO NOT DISCARD ***

Inova Fairfax Hospital

AMIN, ALI

AGE: 8 YRS DOB: [REDACTED] SEX: M
MED REC #: (00003)04012404

SURGICAL PATHOLOGY REPORT

ORDERED TEST: SURGICAL PATHOLOGY RPT - INOVA

MICROSCOPIC DESCRIPTION:

T: 04/26/06

SPECIAL STAINS:

A section of the terminal ileum biopsy (part D) stained by the GMS stain is negative for fungi. The corresponding control stains appropriately. Immunofluorescent Auramine stain is negative for acid-fast bacilli, per Dr. Park in Microbiology.

Sections of the stomach biopsy (part B) stained by the Giemsa stain are negative for Helicobacter pylori organisms. The corresponding control stains appropriately.

DBR/LS

T: 04/28/06

|||||
Inova Health System Facsimile Form
Printed: 05/02/06 at 1115
Page: 5 (cont.)

AMIN, ALI
MED REC #: (00003)04012404

*** PHYSICIAN CHART COPY...DO NOT DISCARD ***

Name: Amin, Ali

DOB: 09/30/1997

AA000103

Date:

AMIN, ALI

Inova Fairfax Hospital

AGE: 8 YRS DOB: [REDACTED] SEX: M
MED REC #: (00003)04012404

SURGICAL PATHOLOGY REPORT

ORDERED TEST: SURGICAL PATHOLOGY RPT - INOVA

FINAL DIAGNOSIS:

- A. DUODENUM, BIOPSY: FOCAL, NONSPECIFIC CHRONIC INFLAMMATION
- B. GASTRIC BIOPSY: MILD, SUPERFICIAL CHRONIC GASTRITIS; GIEMSA STAIN
NEGATIVE FOR HELICOBACTER PYLORI
- C. ESOPHAGUS, BIOPSY: MILD CHRONIC ESOPHAGITIS WITH REACTIVE SQUAMOUS
EPITHELIAL CHANGES
- D. TERMINAL ILEUM, BIOPSY:
 - 1. CHRONIC ACTIVE INFLAMMATION, DIFFUSE, WITH NONCASEATING EPITHELIOID
GRANULOMATA, CONSISTENT WITH ACTIVE INFLAMMATORY BOWEL DISEASE - SEE
COMMENT
 - 2. SPECIAL STAINS NEGATIVE FOR FUNGI AND ACID FAST BACILLI
- E. ILEOCECAL VALVE, BIOPSY: CHRONIC ACTIVE INFLAMMATION, DIFFUSE, WITH
NONCASEATING EPITHELIOID GRANULOMATA, CONSISTENT WITH ACTIVE INFLAMMATORY
BOWEL DISEASE
- F. RIGHT COLON, BIOPSY: CHRONIC INFLAMMATION, FOCALLY ACTIVE, WITH VAGUE
EPITHELIOID GRANULOMA FORMATION
- G. TRANSVERSE COLON, BIOPSY: PORTION OF BENIGN COLONIC MUCOSA WITH RARE
NONCASEATING EPITHELIOID GRANULOMA
- H. RECTOSIGMOID COLON, BIOPSY: MILD CHRONIC INFLAMMATION WITH NONCASEATING
EPITHELIOID GRANULOMATA

A-BENIGN

DBR/KMS DIANE B. RICE, M.D.
T: 04/26/06 (Electronic Signature)
05/02/06

Inova Health System Facsimile Form
Printed: 05/02/06 at 1116
Page: 6 (end of report)

AMIN, ALI
MED REC #: (00003)04012404

*** PHYSICIAN CHART COPY...DO NOT DISCARD ***

J

**INOVA FAIRFAX HOSPITAL
INOVA FAIRFAX HOSPITAL FOR CHILDREN****Inova Health System****OPERATIVE REPORT**

PATIENT NAME: AMIN, ALI
MEDICAL RECORD NUMBER: 04012404
DATE OF BIRTH: 09/30/1997
ADMISSION DATE: 04/19/2006

PATIENT LOCATION: DISCH 04/24/2006

DATE OF PROCEDURE: 04/24/2006
SURGEON: Catherine Chao, MD
ASSISTANT(S):

PREOPERATIVE DIAGNOSIS: DIARRHEA AND ABDOMINAL PAIN.

POSTOPERATIVE DIAGNOSIS: DIARRHEA AND ABDOMINAL PAIN.

PROCEDURES

1. ENDOSCOPY.
2. COLONOSCOPY.

DESCRIPTION OF PROCEDURE: The patient was sedated with propofol and the endoscope intubated the esophagus with ease. The upper, middle and lower esophagus had normal architecture vascular pattern mucosa. The stomach was entered and the body, antrum, pylorus, cardia and fundus had normal architecture vascular pattern mucosa. The duodenal bulb and first, second and third portions had normal architecture vascular pattern mucosa. Biopsies were taken in the duodenum, antrum, body and lower esophagus and sent for histology. The patient tolerated the procedure well.

This procedure was followed by colonoscopy. The rectum, rectosigmoid, left colon, transverse colon, right colon and cecum were entered. All appeared to have a diffuse pancolitis with erythema, irritated tissue, mucus overlying petechiae with some minimal bleeding. The ileocecal valve itself appeared swollen and irritated, however, upon entering the terminal ileum, it did appear to normal architecture vascular pattern mucosa. Biopsies were taken in the terminal ileum, the ileocecal valve, and then the right colon, left colon, rectosigmoid and rectum. The patient tolerated the procedure well.

Date Signed: _____

Catherine Chao, MD (04238)

D: 04/24/2006 by Catherine Chao, MD
T: 04/24/2006 by mdi9378 (I:000306595) (N:1590168)
cc: Catherine Chao, MD

Copy For: Catherine Chao, MD

ESTABLISHED PATIENT VISIT FORM

K

DATE: 12-12-06 PATIENT: Amin, Ali DOB: AOCT:

Chief Complaint: flu
History of Present Illness: (Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Assoc. signs/symptoms) (1-3 brief, 4+ extended)
OR Status of Chronic or Inactive Conditions (3 or more = extended w/oHPI: flu with fever appetite ↑
chills emph - no
stomach pain appetite ↓
stomach pain appetite ↓
stomach pain appetite ↓

Medication	Dose	Frequency	Medication	Dose	Frequency
<u>Acetaminophen</u>	<u>15</u>	<u>4x</u>			
<u>ibuprofen</u>	<u>7</u>	<u>4x</u>			
<u>gabapentin</u>	<u>15</u>	<u>2x</u>			

ROS UNCHANGED since History recorded on EXCEPT FOR

PFSS UNCHANGED since History recorded on EXCEPT FOR

PHYSICAL EXAMINATION

Constitutional	Weight: <u>65.5</u> BP: <u>160/65</u> P: <u>70</u> T: <u>37.5</u> Height: <u>53.5</u>
Psychiatric	Appearance: <u>Well nourished</u> <u>III Appearing</u> <u>Cachectic</u> <u>Obese</u>
Psychiatric	Affect: <u>Normal</u> <u>Abnormal</u> Ear, Nose, Mouth, Throat: <u>Normal</u> Lips: <u>Normal</u>
Psychiatric	Orientation: <u>Normal</u> <u>Abnormal</u> Respiratory: <u>Normal</u> Teeth/Gums: <u>Normal</u>
Psychiatric	Mood: <u>Normal</u> <u>Abnormal</u> Abdomen: <u>Normal</u> Oropharynx: <u>Normal</u>
Psychiatric	Sclera: <u>Normal</u> <u>Abnormal</u> Liver: <u>Normal</u> Auscultation: <u>Normal</u>
Psychiatric	Conjunctiva: <u>Normal</u> <u>Abnormal</u> Spleen: <u>Normal</u> Effort: <u>Normal</u>
Cardiovascular	Heart sounds: <u>Normal</u> <u>Abnormal</u> Anus: <u>Normal</u> Rectal: <u>Normal</u>
Cardiovascular	Rhythm: <u>Normal</u> <u>Abnormal</u> Hemocult: <u>Normal</u> Tenderness: <u>Normal</u>
Cardiovascular	Peripheral pulses: <u>Normal</u> <u>Abnormal</u> Masses: <u>Normal</u>
Cardiovascular	Rate: <u>Normal</u> <u>Abnormal</u>
Additional Findings	

Impression/1. crisis 2. B. Thul 3. chickenpox
Diagnosis: immunosuppressionTests/Labs Reviewed: X-ray Normal CT scan Normal UGI Normal
U/S Normal CBC Normal Chemistry Normal
U/A Normal Other Normal
(If normal, list date performed. If abnormal, list results.)
Tests/Labs Ordered: X-ray Normal CT scan Normal UGI Normal BE Normal MRI Normal
U/S Normal CBC Normal Chemistry Normal U/A Normal Other Normal

(Please place the numeric indicator of the Impression/Diagnosis in the blank next to the test ordered.)

Diagnosis/Impression Procedure(s) Recommended:

Surgical Procedure Scheduled? Yes Date Time Not Scheduled? Reason

Other Recommendations:

Low Prescription for:

High Prescription for:

The nature, alternatives, indications, risks, prep and anesthesia plan for the above procedure(s) were discussed with the patient and/or guardian and all questions are answered. The patient and/or guardian verbalized an understanding and consented to undergo the above procedure(s).

ASA Class face-to-face time with patient 25 Time spent in counseling and/or coordination of care

Discussion:

(1) gabapentin 5g/1wk
(2) flu 4x/1wk
(3) CXR, PPD

Amin Ali

MD

ESTABLISHED PATIENT VISIT FORM

DATE: 10-03-06 PATIENT: Amin, Ali S DOB: 9/30/95 ACCT: _____

Chief Complaint: flu

History of Present Illness: (Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Assoc. signs/symptoms) (1-3 brief, 4+ extended)
OR Status of Chronic or Inactive Conditions (3 or more = extended w/o)

HPI: Very mild

Prodromal phase 1x treated as less

2nd prodromal phase

Chills, Stomach 1.2x/d

4th grade

Spontaneous crying and
shen, pain, open, clear

Medication	Dose	Frequency	Medication	Dose	Frequency
<u>Acetaminophen</u>	<u>2</u>	<u>TID</u>			

ROS UNCHANGED since History recorded on _____ EXCEPT FOR _____

PFSS UNCHANGED since History recorded on _____ EXCEPT FOR _____

PHYSICAL EXAMINATION

Constitutional	Weight: <u>67.5</u>	BP: _____	P: <u>90</u>	T: _____	Height: <u>53.5</u>
Psychiatric	Appearance: <u>Well nourished</u>	<u>o Well nourished</u>	<u>o Ill Appearing</u>	<u>o Cachectic</u>	<u>o Obese</u>
Psychiatric	Affect: <u>Normal</u>	Abnormal	Ear, Nose, Mouth, Throat	Lips	<u>✓</u>
Psychiatric	Orientation: <u>✓</u>			Teeth/Gums	<u>✓</u>
Psychiatric	Mood: <u>✓</u>			Oropharynx	<u>✓</u>
Eyes	Sclera: <u>✓</u>		Respiratory	Auscultation	<u>✓</u>
Eyes	Conjunctiva: <u>✓</u>			Effort	<u>✓</u>
Cardiovascular	Heart sounds: <u>✓</u>		Abdomen	Liver	<u>✓</u>
Cardiovascular	Rhythm: <u>✓</u>			Spleen	<u>✓</u>
Cardiovascular	Peripheral pulses: <u>✓</u>			Anus	<u>✓</u>
Cardiovascular	Rate: <u>✓</u>			Rectal	<u>✓</u>
Additional Findings	<u>Plantar reflex</u>			Hemacult	<u>✓</u>
				Tenderness	<u>✓</u>
				Masses	<u>✓</u>

Impression: 1. crohn's disease ? flare 3. _____

Diagnosis

4. _____ 5. _____ 6. _____

Tests/Labs Reviewed: X-ray _____ CT scan _____ UGI _____

U/S _____ CBC _____ Chemistry _____

U/A _____ Other _____

(If normal, list date performed. If abnormal, list results.)

Tests/Labs Ordered: X-ray _____ CT scan _____ UGI _____ BE _____ MRI _____

U/S _____ CBC _____ Chemistry _____ U/A _____ Other _____

Please place the numeric indicator of the Impression/Diagnosis in the blank next to the test ordered.)

Magneto/Surgical Procedure(s) Recommended:

Surgical Procedure Scheduled? Yes _____ Date _____ Time _____ Not Scheduled? _____ Reason _____

Other Recommendations: _____

ow Prescription for: _____

all Prescription for: _____

he nature, alternatives, indications, risks, prep and anesthesia plan for the above procedure(s) were discussed with the patient and/or guardian and all questions are answered. The patient and/or guardian verbalized an understanding and consented to undergo the above procedure(s).

ASA Class _____

cc-to-face time with patient 25 Time spent in counseling and/or coordination of care _____

ussion:

(1) possible flare

(2) labs

(3) asymptomatic

Jan L. L. L.

MD

ESTABLISHED PATIENT VISIT FORM

DATE: 08-11-06 PATIENT: Amin, Ali DOB: _____ ACCT: _____

Chief Complaint: to/u for crehns

History of Present Illness: (Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Assoc. signs/symptoms) (1-3 brief, 4+ extended)

OR Status of Chronic or Inactive Conditions (3 or more = extended w/)

HPD: He is quiet went to camp occ. chest pain 1x/week - after sex education on my injuries stent in 1xld other med. 1/yr Appetite poor no vom. - no

Medication	Dose	Frequency	Medication	Dose	Frequency
<u>Asacol</u>	<u>2</u>	<u>1x/17</u>			

ROS UNCHANGED since History recorded on _____ EXCEPT FOR _____

PFSS UNCHANGED since History recorded on _____ EXCEPT FOR _____

PHYSICAL EXAMINATION

Constitutional	Weight: <u>68</u>	BP: <u>96/68</u>	P: <u>81</u>	T: _____	Height: <u>53.75</u>
Psychiatric	Appearance: <u>Well nourished</u>	<u>Normal</u>	<u>Abnormal</u>	Ear, Nose, Mouth, Throat	Lips <u>✓</u>
Eyes	Affect <u>✓</u>			Respiratory	Tooth/Gums <u>✓</u>
Cardiovascular	Orientation <u>✓</u>			Abdomen	Oropharynx <u>✓</u>
	Mood <u>✓</u>				Auscultation <u>✓</u>
	Sclera <u>✓</u>				Effort <u>✓</u>
	Conjunctiva <u>✓</u>				Liver <u>✓</u>
	Heart sounds <u>✓</u>				Spleen <u>✓</u>
	Rhythm <u>✓</u>				Ants <u>✓</u>
	Peripheral pulses <u>✓</u>				Rectal <u>✓</u>
	Rate <u>✓</u>				Hemacult <u>✓</u>
Additional Findings	<u>alm. finger on @ hand</u>				Tenderness <u>✓</u>
					Masses <u>✓</u>

Impression/1. Crehns disease 2. Crohn's Phils, us, 1/15

Diagnosis 4. _____ 5. _____ 6. _____

Tests/Labs Reviewed: X-ray _____ CT scan _____ UGI _____

U/S _____ CBC _____ Chemistry _____

U/A _____ Other _____

Tests/Labs Ordered: (If normal, list date performed. If abnormal, list results.)

X-ray _____ CT scan _____ UGI _____ BE _____ MRI _____

U/S _____ CBC _____ Chemistry _____ U/A _____ Other _____

(Please place the numeric indicator of the impression/diagnosis in the blank next to the test ordered.)

Diagnostic/Surgical Procedure(s) Recommended:

Surgical Procedure Scheduled? Yes _____ Date _____ Time _____ Not Scheduled? _____ Reason _____

Other Recommendations: _____

New Prescription for: F/Aggl - bul venty /

Refill Prescription for: _____

The nature, alternatives, indications, risks, prep and anesthesia plan for the above procedure(s) were discussed with the patient and/or guardian and all questions were answered. The patient and/or guardian verbalized an understanding and consented to undergo the above procedure(s).

ASA Class _____

see-to-face time with patient _____ Time spent in counseling and/or coordination of care _____

Discussion:

(1) ↑ Asacol to TID (4) ↓ Duamith

(2) imm. claud. sent stents

(3) Doxycycline 100mg

J. Leung MD

ESTABLISHED PATIENT VISIT FORM

DATE: 07-12-06

PATIENT: Amin, Ali

Chief Complaint: FW lab results

DOB: ~~09/30/1997~~

ACCT: _____

History of Present Illness: (Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Assoc. signs/symptoms) (1-3 brief, 4+ extended)

OR Status of Chronic or Inactive Conditions (3 or more = extended w/o)

HPV: High risk HPV - still in
Shed test - still in

entire small mouth, not good appetite

high - xl - camp
Shed test - still in
Shed test - still in

Medication	Dose	Frequency	Medication	Dose	Frequency
Aspirin	2	QID			
MVA					

ROS UNCHANGED since History recorded on _____ EXCEPT FOR _____

PFSH UNCHANGED since History recorded on _____ EXCEPT FOR _____

PHYSICAL EXAMINATION

Constitutional	Weight: 140	BP:	P:	T:	Height: 53.50
Psychiatric	Appearance: o Well nourished	o Ill Appearing	o Cachectic	o Obese	
	Affect	Normal	Abnormal	Ear, Nose, Mouth, Throat	Lips
	Orientation	✓			Teeth/Gums
	Mood	✓		Respiratory	Oropharynx
Eyes	Sclera	✓			Auscultation
	Conjunctiva	✓		Abdomen	Effort
Cardiovascular	Heart sounds	✓			Liver
	Rhythm	✓			Spleen
	Peripheral pulses	✓			Anus
	Rate	✓			Rectal
Additional Findings					Hemacult
					Tenderness
					Masses

Impression/1. Chronic dx - response

Diagnosis

Tests/Labs Reviewed:

X-ray

U/S

U/A

Other

CT scan

CBC

UGI

Chemistry

Tests/Labs Ordered:

X-ray

U/S

CT scan

CBC

UGI

Chemistry

BE

U/A

MRI

Other

Please place the numeric indicator of the impression/diagnosis in the blank next to the test ordered.)

Diagnostic/Surgical Procedure(s) Recommended:

Surgical Procedure Scheduled? Yes

Date

Time

Not Scheduled?

Reason

Other Recommendations:

cw Prescription for:

citi Prescription for:

be nature, alternatives, indications, risks, prep and anesthesia plan for the above procedure(s) were discussed with the patient and/or guardian and all questions are answered. The patient and/or guardian verbalized an understanding and consented to undergo the above procedure(s).

ASA Class

co-to-face time with patient

25

Time spent in counseling and/or coordination of care

25 min education

Discussion:

(1) Chronic dx - response

Chronic dx - response

Plu lnt Pe. Hgb/hct/hypox

(4) Low white blood

(5) FLU 2 MOS

Jan 2015

MD

Name: Amin, Ali

DOB: 09/30/1997

AA000109

Date:

ESTABLISHED PATIENT VISIT FORM

DATE: 06-14-06 PATIENT: Amin, Al. DOB: [REDACTED] ACCT: [REDACTED]
 Chief Complaint: NP Ulcers in colon, fu from hospital
 History of Present Illness: (Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Assoc. signs/symptoms) (1-3 brief, 4+ extended)
 OR Status of Chronic or Inactive Conditions (3 or more = extended w/o)
 HPI: No hema stool appetite - not great
 No cramps Nausea &
 5-6x daily 5-6x daily & blood
 0 stool per 0 w/ loss
 0 fir, mlt, stress, efflu
 Dr. on S. 18m

Medication	Dose	Frequency	Medication	Dose	Frequency

ROS UNCHANGED since History recorded on _____ EXCEPT FOR *o/w*

PFSH UNCHANGED since History recorded on _____ EXCEPT FOR _____

PHYSICAL EXAMINATION

Constitutional	Weight: 70 Appearance: <input checked="" type="checkbox"/> Well nourished	BP: <input checked="" type="checkbox"/> Normal	P: <input checked="" type="checkbox"/> o Ill Appearing	T: <input checked="" type="checkbox"/> o Cachectic	Height: 53.50 <input checked="" type="checkbox"/> o Obese	
Psychiatric	Affect	<input checked="" type="checkbox"/>	Abnormal	Ear, Nose, Mouth, Throat	Lips	<input checked="" type="checkbox"/>
	Orientation	<input checked="" type="checkbox"/>			Teeth/Gums	<input checked="" type="checkbox"/>
	Mood	<input checked="" type="checkbox"/>			Oropharynx	<input checked="" type="checkbox"/>
Eyes	Sclera	<input checked="" type="checkbox"/>		Respiratory	Auscultation	<input checked="" type="checkbox"/>
	Conjunctiva	<input checked="" type="checkbox"/>			Effort	<input checked="" type="checkbox"/>
Cardiovascular	Heart sounds	<input checked="" type="checkbox"/>		Abdomen	Liver	<input checked="" type="checkbox"/>
	Rhythm	<input checked="" type="checkbox"/>			Spleen	<input checked="" type="checkbox"/>
	Peripheral Pulse	<input checked="" type="checkbox"/>			Anus	
	Rate	<input checked="" type="checkbox"/>			Rectal	
					Hemacult	
					Tenderness	<input checked="" type="checkbox"/>
					Masses	<input checked="" type="checkbox"/>
Additional Findings						

Impression/1. creaky 2. dead 3.

Diagnosis

4. _____ 5. _____ 6. _____
 Tests/Labs Reviewed: X-ray _____ CF scan _____ UGI _____
 U/S _____ CBC _____ Cholestyrol _____
 U/A _____ Other _____

Tests/Labs Ordered: X-ray _____ CT scan _____ UGI _____ BE _____ MRI _____
U/S _____ CBC _____ Chemistry _____ UA _____ Other _____

(Please place the numeric indicator of the Impression/Diagnosis in the blank next to the test ordered.)

Surgical Procedure Scheduled? Yes	Date	Time	Not Scheduled?	Reason
-----------------------------------	------	------	----------------	--------

Other Recommendations:

New Prescription for:

Refill Prescription for:

The nature, alternatives, indications, risks, prep and anesthesia plan for the above procedure(s) were discussed with the patient and/or guardian and all questions were answered. The patient and/or guardian verbalized an understanding and consented to undergo the above procedure(s).

(a) _____	No _____	ASA Class _____
-----------	----------	-----------------

face-to-face time with patient 75. Time spent in counseling and/or coordination of care

Discussion: (1) explicit Dx (4) CCPA law film dist
(2) Penetration Accord (5) education in IT
(3) rules

MI

EDUCATIONAL RECORDS

Student Name
Amin, Ali Shukri

Student ID	Grade	Gender	Date of Birth
1013248859	12	M	

Parent/Guardian

Ibrahim, Amani

(703) 963-2483

COMMONWEALTH OF VIRGINIA
Secondary School Transcript

Enter Date: 10/10/2009

Leave Date:

Class of: 2015

Early College Scholar: No

Diploma Type: Advanced Studies Diploma

Page 1 of 17 of 161 PageID# 228

Prince William County Public Schools

Osborn Park High School

075-0080

8909 Euclid Avenue

Manassas, VA 20111

Tel: (703) 365-8500

Fax:

Counselor: Maureen Andrada

Page 1 of 2

Crs ID	Course Title	Grd	Wt	Cmp	Ver	NCAA
--------	--------------	-----	----	-----	-----	------

Potomac Middle School 08 2010-2011
3130 Panther Pride Drive, Dumfries, Virginia 22026, USA (703) 221-4998

313082	Pre AP Algebra I	B		1.0		1.0
551020	Spanish I	B+		1.0		
Crd Att: 2.0		Cmp: 2.0		YTD GPA: 3.200		
Total Days Absent: 13						

Osborn Park High School 09 2011-2012
8909 Euclid Avenue, Manassas, Virginia 20111, USA (703) 365-8500

113082	Pre AP Eng 9	A		1.0		
221982	Pre AP Wild Hist PI	B		1.0		1.0
314320	Geometry	A		1.0		1.0
431082	Pre AP Biology I	A		1.0		
552020	Spanish II	B		1.0		
730020	HPE I	A		1.0		
912001	Scientific Illustr	A		1.0		
Crd Att: 7.0		Cmp: 7.0		YTD GPA: 3.714		
Total Days Absent: 9						

Virtual High School Summer School 09 2011-2012
15000 Graduation Drive, Haymarket, Virginia 20189, USA (571) 281-4517

313572	Algebra II	B+		1.0		1.0 VO
Crd Att: 1.0		Cmp: 1.0		YTD GPA: 3.400		
Total Days Absent: 0						

Osborn Park High School 10 2012-2013
8909 Euclid Avenue, Manassas, Virginia 20111, USA (703) 365-8500

114082	Pre AP English 10	B		1.0		
239980	+AP European Hist	B+	H	1.0		1.0
316286	+Func/Trig	C	H	1.0		
421000	Adv Earth Sci	A		1.0		1.0
441082	Pre AP Chemistry	B		1.0		
553020	Spanish III	B		1.0		
701520	Dr Ed Class	P		0.0		
740520	HPE II	B		1.0		
Crd Att: 7.0		Cmp: 7.0		YTD GPA: 3.343		
Total Days Absent: 10						

Osborn Park High School 11 2013-2014
8909 Euclid Avenue, Manassas, Virginia 20111, USA (703) 365-8500

119860	+AP Lang & Comp	B	H	1.0		2.0
231960	+AP US History	D+	H	1.0		1.0
317760	+AP Calculus AB	C	H	1.0		
447080	+AP Chemistry	B	H	1.0		
447086	+Adv Chemistry Lab	B	H	1.0		
845000	Engineering Exploration	A		1.0		

Legend: ADV, PreAP, IBMY, PreIB, IGCSE, PreAPCE = Advanced Level Courses +Accel/Adv. Placement IRP = Inc. Research Paper DE = Dual Enrollment +GS = Governor's School
Prior to 2009-2010: A = 93-100 B+ = 90-92 B = 84-89 C+ = 81-83 C = 74-80 D+ = 71-73 D = 65-70 F = 0-64 P = Pass AU = Audit NG = No Grade WV = Waived
Cur Grading Scale: A = 90-100 B+ = 87-89 B = 80-86 C+ = 77-79 C = 70-76 D+ = 67-69 D = 60-66 F = 0-59 P = Pass AU = Audit NG = No Grade WV = Waived
Wts: (Blank) / R = Regular A = 4.0, B+ = 3.4, B = 3.0, C+ = 2.4, C = 2.0, D+ = 1.4, D = 1.0, F = 0.0, I = 0.0, IRP = 0.0
W = Weighted A = 4.5, B+ = 3.9, B = 3.5, C+ = 2.9, C = 2.5, D+ = 1.4, D = 1.0, F = 0.0, I = 0.0, IRP = 0.0
H = Honors A = 5.0, B+ = 4.4, B = 4.0, C+ = 3.4, C = 3.0, D+ = 1.4, D = 1.0, F = 0.0, I = 0.0, IRP = 0.0
NCAA: CB = Computer based, CE = Credit by exam, CR = Credit recovery, VO = Virtual/Online, IS = Independent study, SS = Summer School

Highest Composite ACT Score: 29

Highest SAT Verbal: 730 Math: 640 Writing: 640 Total: 2010

Student Comments:

UNOFFICIAL UNLESS SIGNED BY A SCHOOL OFFICIAL

Doni K. Gibson Registrar 03/17/2015
School Official's Signature and Title Date

AA000111



Prince William County

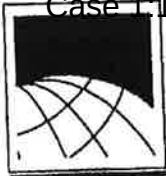
PUBLIC SCHOOLS

Providing A World-Class Education

Osborn Park High School

Test History Record

Student	Student #	Current Grade	Birthdate	Gender	Testing ID
Amin, Ali Shukri	583713	12	09/30/1997	M	1013248859
Date	Test Code	Test Description	Test Grade	Result	Pass/Fail
05/25/2010	7GR064	Reading - 7th Grade (2002)	07	600.00	A
06/03/2010	7GR036	United States History II: 1877 to Present	07	600.00	A
06/09/2010	7GR074	Mathematics - 7th Grade (2001)	07	540.00	A
03/09/2011	8GR091	Writing - 8th Grade (2002)	08	478.00	P
05/16/2011	EOC020	Algebra I (2001)	08	498.00	P
05/18/2011	8GR065	Reading - 8th Grade (2002)	08	600.00	A
05/23/2011	178	Civics and Economics (2008)	08	547.00	A
05/31/2011	8GR058	Science - 8th Grade (2003)	08	512.00	A
10/12/2011	PSAT	PSAT	09	171.00	
05/14/2012	EOC121	Geometry (2009)	09	510.00	A
05/15/2012	EOC014	Biology (1995 & 2003)	09	551.00	A
05/21/2012	EOC171	World History I (2008)	09	484.00	P
07/31/2012	EOC122	Algebra II (2009)	09	447.00	P
10/17/2012	PSAT	PSAT	10	176.00	
05/01/2013	APEuroHis	AP European History	10	4.00	P
05/01/2013	APWrldHist	AP World History	10	3.00	P
05/13/2013	EOC172	World History II (2008)	10	464.00	P
05/20/2013	EOC162	Chemistry (2010)	10	500.00	A
05/23/2013	EOC160	Earth Science (2010)	10	464.00	P
10/16/2013	PSAT	PSAT	11	189.00	
03/20/2014	EOC112	Writing - English (2010)	11	580.00	A
05/01/2014	APCalcAB	AP Calculus AB	11	1.00	F
05/01/2014	APChem	AP Chemistry	11	2.00	P
05/01/2014	APEngLang	AP English Language	11	4.00	P
05/01/2014	APUSHis	AP US History	11	4.00	P
05/20/2014	EOC109	Reading - English (2010)	11	528.00	A



Prince William County

PUBLIC SCHOOLS

Providing A World-Class Education

Osborn Park High School

Test History Record

Student	Student #	Current Grade	Birthdate	Gender	Testing ID
Amin, Ali Shukri	583713	12	09/30/1997	M	1013248859
Date	Test Code	Test Description	Test Grade	Result	Pass/Fail
05/23/2014	EOC162	Chemistry (2010)	11	999.00	D
05/23/2014	EOC170	VA and US History (2008)	11	488.00	P
06/07/2014	SATChem	SAT Chemistry	11	580.00	P
06/07/2014	SATMath2	SAT Math Level 2	11	540.00	P
06/07/2014	SATUsHis	SAT US History	11	680.00	P
06/13/2014	ERP	English Research Paper	11		P
10/11/2014	SAT	SAT	12	1920.00	
10/25/2014	ACT	ACT	12	29.00	
11/08/2014	SAT	SAT	12	1990.00	

INTERIM MARKING PERIOD 1

Osborn Park High School
PO Box 389
Manassas, VA 20108

Page 1 of 1

STUDENT Ali S. Amin 583713						GRADE LEVEL	12	REPORT PERIOD	9/2/2014 TO 10/1/2014
PER	COURSE TITLE	TEACHER	MARK	EFF	CON	CLASS ABS	CLASS TDY	TEACHER COMMENTS	
1	+AP Psychology	Geroe, D.	A	O	S			Work is consistently high quality Student cooperative/courteous Student cooperative/courteous	
2	Econ and Finance	Coleman, J.	A	S	S				
3	English 12	Hakes, A.	A	S	S				
4	+AP Physics	Najolia, D.	C+	S	S				
5	US & VA Government	Maxstadt, J.	A	S	S				
6	+AP Calculus BC	Baird, C.	D	S	S				
7	+AP Biology	Burda, D.	A	O	O				

A translation of this template has been provided to the student.

El estudiante ha recibido una traducción de esta plantilla.

رپورٹ کارڈ کے مندرجات کا اردو ترجمہ طالب علم کو دیا جا چکا ہے، البتہ اس میں نیچر کا ترجمہ شامل نہیں

تم تزوید الطالب بترجمة لهذا النموذج

Một bản dịch của mẫu này đã được gửi cho học sinh.

Osborn Park High School

Ali S. Amin

Osborn Park High School

School: Osborn Park High School

Teacher:

Student: Ali S. Amin

AA000114

Osborn Park High School

PO Box 389
Manassas, VA 20108

Page 1 of 1

		STUDENT											GRADE		COMMENTS	
		583713 Amin, Ali S.											12			
		REPORT PERIOD										FROM	TO			
		MARKING PERIOD 1										9/2/2014	11/4/2014			
COURSE TITLE	TEACHER	ACADEMIC MARKS											ATTEND			
		1ST PER	2ND PER	EXM 1ST	SEM 1ST	3RD PER	4TH PER	EXM 2ND	SEM 2ND	YR	EFF	CON	CUR ABS	CUR TDY		
+AP Psychology	Geroe, D.	B+										S	S	2		Student cooperative/courteous
Econ and Finance	Coleman, J.	WP												1		
English 12	Hakes, A.	WP										S	S	1		
+AP Physi	Najolia, D.	C												1		
US & VA Government	Maxstadt, J.	WP										S	S	1		
+AP Calculus BC	Baird, C.	D+										O	O			
+AP Biology	Burda, D.	A														
EXPLANATION OF MARKS															Days Enr: 44 Days Pre: 42 Days Abs: 2	
<p>ACADEMIC MARKS:</p> <p>A=Outstanding B(+)=Above Average C(+)=Average D(+)=Below Average I=Incomplete F=Failing AU=Audit WF=Withdraw Fail NG/NM=No Grade WVP=Withdraw Pass</p> <p>ADV, PreAP, IBMYP, PreIB, IGCSE=Advanced Level Courses + DENOTES ADVANCED/ACCELERATED, ADVANCED PLACEMENT</p> <p>A translation of this template has been provided to the student. El estudiante ha recibido una traducción de esta plantilla. رپارٹ کارڈ کے مندرجات کا اردو ترجمہ طالب علم کو دیا جا چکا ہے، البتہ اس میں ٹیچر کا تہرہ شامل نہیں تم تزوید الطالب بنترجما لہذا النموذج Một bản dịch của mẫu này đã được gửi cho học sinh.</p>																

Parent/Guardian Signature Required

Please return within 2 days

Osborn Park High School

School: Osborn Park High School

Teacher:

Student: Ali S Amin

AA000115

Osborn Park High School
PO Box 389
Manassas, VA 20108

INTERIM MARKING PERIOD 2

Page 1 of 1

STUDENT		583713				GRADE LEVEL	12	REPORT PERIOD	11/5/2014 TO 12/9/2014
PER	COURSE TITLE	TEACHER	MARK	EFF	CON	CLASS ABS	CLASS TDY	TEACHER COMMENTS	
1	+AP Psychology	Geroe, D.	C	S	S	1		Student cooperative/courteous	
2	Econ and Finance	Coleman, J.	A	S	S				
3	English 12	Hakes, A.	A	S	S	1	1		
4	+AP Physics	Najolia, D.	C+	S	S				
5	US & VA Government	Maxstadt, J.	A	O	S	1			
6	+AP Calculus BC	Baird, C.	F	S	S	1			
7	+AP Biology	Burda, D.	A	S	S	1			

A translation of this template has been provided to the student.

El estudiante ha recibido una traducción de esta plantilla.

رپورٹ کارڈ کے مندرجات کا اردو ترجمہ طالب علم کو دیا جا چکا ہے، البتہ اس میں نمبر کا تبصرہ شامل نہیں

تم تزوید الطالب بترجمة لهذا النموذج

Một bản dịch của mẫu này đã được gửi cho học sinh.

Osborn Park High School

Ali S. Amin

Osborn Park High School

School: Osborn Park High School

Teacher:

Student: Ali S. Amin

AA000116



Student Report

Admin: **Spring 2010 Non-Writing**
Grade: 07
School: 0170 - POTOMAC MS
Division: 075 - PRINCE WILLIAM

Student Name: **AMIN, ALI S.**
State Testing Identifier: 1013248859

Test Reporting Categories	Form #	# Correct	# Possible	Scaled Score	Performance Level	Performance Level Description
Gr 7 Mathematics Group: SAMSON03 Number and Number Sense Computation and Estimation Measurement and Geometry Probability and Statistics Patterns, Functions, and Algebra	M1210	44	50	540	Pass/Advanced	The student demonstrates exceptional and consistent attainment of the knowledge and skills necessary to solve problems using probability proportions, one-step equations, inequalities and rational number computations; display and interpret data; identify similar geometric figures; and graph ordered pairs.
Gr 7 Reading Group: ANDERSONR02 Use word analysis strategies and information resources Demonstrate comprehension of printed materials	R0510	44	45	600	Pass/Advanced	The student demonstrates exceptional understanding and extensive application of the knowledge and skills necessary to use root words and affixes to understand new vocabulary; select appropriate sources; utilize text structures; summarize; draw conclusions, and make inferences; identify source, viewpoint, and purpose of text; and understand word choice, imagery, and poetic devices.
US History: 1877 to the Present Group: BARNES06 Emergence of Modern America: 1877 to Early 1900s Turmoil and Change: 1890s to 1945 United States since World War II Geography Civics and Economics	H1210	39	40	600	Pass/Advanced	Lexile™ score that corresponds with this student's Reading score is 1270L.
						N/A

Test Scaled Score: Each student receives a scaled score on the SOL test as a whole. These scaled scores range from 0-600. A total scaled score of 400 or more means that the student passed the test. A score of 500 or more means that the student passed the test at an advanced level. A scaled score of 399 or less means the student did not pass the test.

Reporting Category Scaled Score: Each SOL test is divided into reporting categories that represent related content or skills. Reporting category scores, which are on a scale of 0-50, can be used to identify students' strengths and weaknesses. A score of 30 or above indicates a strength. A score of less than 30 indicates that the student may benefit from additional instruction in this area.

For additional information about Performance Level descriptions, please visit <http://www.doe.virginia.gov/VDOE/Assessment/pld>

Student Name		ID#	Gr	Hmrm	Counselor	
Amin, Ali S		130005197	07	B205	NMANIGLIA	
Francis C. Hammond 2 2009 -2010		Alexandria, VA 22304		Progress Report	MP	Date
					01	10/08/09
Class Name	Projected Mp Grade	Comments				
Health & PE Grutza, E	A	Is a pleasure to have in class				
Honors Lang Arts 7 Hamberger, F	A	Displays critical thinking Makes a positive contribution				
Honors Science 7 Abbatiello, J	A	Is a pleasure to have in class				
Honors Soc Stu Baynes, M	B	Is a pleasure to have in class				
Latin Ia Robertson, K	B	Shows interest/enthusiasm Understands concepts				
Mathematics 7 Dodan, H	A					
PACE Brand, E	P	Displays creativity Shows interest/enthusiasm				
Theatre I Ravinsky-Gray, S	A	Is a pleasure to have in class				

TO Ibrahim Amani Ali
 PARENT OF Amin, Ali S
 5800 Quantrell Ave Apt. 621
 Alexandria, VA 22312

AA000118

Student Name Amin, Ali Shukri			
Student ID 1013248859	Grade 10	Gender M	Date of Birth [REDACTED] 97
Parent/Guardian Ibrahim, Amani [REDACTED] [REDACTED] [REDACTED]			

**PRINCE WILLIAM COUNTY
COMMONWEALTH OF VIRGINIA
Secondary School Transcript**

Enter Date: 10/20/2008
Leave Date:
Class of: 2015.
Early College Scholar: No
Diploma Type: Advanced Studies Diploma

School Division/Name/DOE#Address Prince William County Public Schools Osborn Park High School 8909 Euclid Avenue Manassas, VA 20111 Tel: (703) 365-6500 Fax: Counselor: Maureen Andrada	075-0080
---	----------

Page 1 of 1

Crs ID	Course Title	Grd	Wt	Cmp	Ver	NCAA
Potomac Middle School 08 2010-2011 1130 Panther Pride Drive, Dumfries, VA 22028, (703) 221-4996						

313010	Algebra I	B		1.0		1.0
551020	Spanish I	B+		1.0		
Crd Att: 2.0		Cmp: 2.0		YTD GPA: 3.200		
Total Days Absent: 13						

Osborn Park High School 09 2011-2012
8909 Euclid Avenue, Manassas, VIRGINIA 20111, (703) 365-6500

113062	Pre AP Eng 9	A		1.0		
221962	Pre AP Wld Hist Pt	B		1.0		1.0
314320	Geometry	A		1.0		1.0
431062	Pre AP Biology I	A		1.0		
552020	Spanish II	B		1.0		
730020	HPE I	A		1.0		
912001	Scientific Illustr	A		1.0		
Crd Att: 7.0		Cmp: 7.0		YTD GPA: 3.714		
Total Days Absent: 9						

Virtual High School Summer School 09 2011-2012
15000 Graduation Drive, Haymarket, VIRGINIA 20169, (571) 261-4517

313572	Algebra II	B+		1.0		1.0 VO
Crd Att: 1.0		Cmp: 1.0		YTD GPA: 3.400		
Total Days Absent: 0						

Work in Progress

Crs ID	Course Title	Wt	Sl
114062	Pre AP English 10		A
239960	+AP European Hist	H	B+
318266	+Func/Trig	H	B
421000	Adv Earth Sci		A
441062	Pre AP Chemistry		B+
553020	Spanish III		B
701520	Dr Ed Class		B
740520	HPE II		

GPA Summary

Cum GPA: 3.580
 Total Credits Attempted: 10.0
 Projected Cum GPA: 3.624
 GPA/Rank based on 5 semesters

Class Rank: 167 of 608
 Total Credits Earned: 10.0
 Projected Class Rank: 142 of 611
 Proj. GPA/Rank based on 6 semesters

Credit Summary

Subject Area	Total		Verified	
	Req	Cmp	Req	Cmp
English	4.0	1.0	2.0	0.0
Mathematics	4.0	3.0	2.0	2.0
Laboratory Science	4.0	1.0	2.0	1.0
History & Social Sciences	4.0	1.0	2.0	1.0
Foreign Languages	3.0	2.0		
Health & Physical Education	2.0	1.0		
Economics and Personal Finance	1.0	0.0		
Electives	3.0	0.0	1.0	1.0
Fine Arts/Career & Tech Ed	1.0	1.0		
Sub Totals	28.0	10.0	9.0	5.0
Elective credits above				
Totals	28.0	10.0	9.0	5.0

Legend: ADV, PreAP, IBMYP, PreIB, IGCSE, PreAICE = Advanced Level Courses +Accel./Adv. Placement IRP = Inc. Research Paper DE = Dual Enrollment +GS = Governor's School
 Prior to 2009-2010: A = 93-100 B+ = 90-92 B = 84-89 C+ = 81-83 C = 74-80 D+ = 71-73 D = 65-70 F = 0-54 P = Pass AU = Audit NG = No Grade
 Cur Grading Scale: A = 90-100 B+ = 87-89 B = 80-86 C+ = 77-79 C = 70-76 D+ = 67-69 D = 60-66 F = 0-59 P = Pass AU = Audit NG = No Grade
 Wts: (Blank) / R = Regular A = 4.0, B+ = 3.4, B = 3.0, C+ = 2.4, C = 2.0, D+ = 1.4, D = 1.0, F = 0.0, I = 0.0, IRP = 0.0
 P = Prerequisite-Weighted A = 4.5, B+ = 3.9, B = 3.5, C+ = 2.4, C = 2.0, D+ = 1.4, D = 1.0, F = 0.0, I = 0.0, IRP = 0.0
 W = Weighted A = 4.5, B+ = 3.9, B = 3.5, C+ = 2.9, C = 2.5, D+ = 1.4, D = 1.0, F = 0.0, I = 0.0, IRP = 0.0
 H = Honors A = 5.0, B+ = 4.4, B = 4.0, C+ = 3.4, C = 3.0, D+ = 1.4, D = 1.0, F = 0.0, I = 0.0, IRP = 0.0
 CB = Computer based, CE = Credit by exam, CR = Credit recovery, VO = Virtual/Online, IS = Independent study, SS = Summer School

NCAA:

UNOFFICIAL UNLESS SIGNED BY A SCHOOL OFFICIAL

Maureen Andrada
 School Official's Signature Guidance Director

05/24/21

Di

AA000119

**PRINCE WILLIAM COUNTY PUBLIC SCHOOLS
GIFTED EDUCATION PROGRAM**

**REPORT OF PROFILE DEVELOPMENT COMMITTEE
GRADE SIX - GRADE SEVEN - GRADE EIGHT
COMMITTEE NARRATIVE**

Student Name Amin, Ali School Potomac Middle School Grade 7 Date April 21, 2010

Ali loves to learn new things. English is his second language and his parents speak Arabic at home. Ali moved recently from Alexandria but work samples show he far exceeds his peers in math & writing although his grades don't reflect his level. He has and uses an extensive vocabulary when he articulates his thoughts. He is extremely intelligent and worldly. He frequently offers math insight to problems.

Signatures of School Profile Development Committee Members

Name <u>Jan Gulden</u>	Position <u>Teacher</u>
Name <u>Wally Br</u>	Position <u>L.A. Teacher</u>
Name <u>John Heger</u>	Position <u>S.S. Teacher</u>
Name <u>Amal</u>	Position <u>ESOL</u>
Name <u>Robert Cruch</u>	Position <u>Admin</u>
Name <u>Dan Bumstead</u>	Position <u>Gifted Resources Tchr</u>

Please designate the person who knows the child with an asterisk *.

Revised August 2008

AA000120

**PRINCE WILLIAM COUNTY PUBLIC SCHOOLS
GIFTED EDUCATION PROGRAM**

**PROFESSIONAL REPORT - TEAM
GRADE SIX THROUGH GRADE EIGHT**

(PLEASE PRINT)

Name of Student Ali Amiri Grade 7 Birth Date _____School Potomac Middle School Graduation Year _____Name of Professional Ms. Regina Anderson Position Teacher-LA

Name of Professional _____ Position _____

Name of Professional Scott Barnes Position S.S. TeacherName of Professional Julie Christofore Position Sci

Signature(s) _____ Date _____

Please indicate if student is below grade level, on grade level, one year above grade level, or more than one year above grade level in language arts, mathematics, science, and social studies.

GRADE LEVEL Language Arts above Mathematics on Science _____ Social Studies on

PLEASE COMPLETE THE ATTACHED FORM.

Your responses are a critical and integral part of the identification process. We appreciate the time you spend to complete your responses. Thank you for your time and for your help.

- Please respond to each question by circling the appropriate descriptor.
- If you circle "Below Age Peers" or "Consistent with Age Peers" in a category, no additional information is required.
- If you circle "Exceeds Age Peers" in a category, please include a specific example. Please give brief specific examples rather than long explanations.
- If you circle "Far Exceeds Age Peers" in a category, please support your specific examples with documentation. Documentation includes at least one example of student work.
- Please complete all portions of this report.

Please return this report to the resource teacher assigned to your building.

Date Sent by Resource Teacher _____ Date Returned to Resource Teacher _____

Report adapted from identification materials from NRC at UGA G/T

APTITUDE IN LANGUAGE

Comprehension

Reads extensively; Uses expressive and advanced vocabulary;
Understands and can explain the main ideas or concepts in what he or she reads

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Literary Insight

Expresses an understanding of abstract or complex concepts in reading selections;
Understands relationships and deeper meanings in what is read

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Verbal Reasoning

Develops logical and sequential responses; Compares and contrasts; Makes connections;
Creates metaphors and analogies to describe ideas or thoughts

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Verbal Creativity

Invents oral and/or written stories, poems, or music;
Creates original or unusual oral and/or written ideas or products

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Communication Skills

Gives excellent responses, speeches or reports;
Has an exceptional sense of timing in words and gestures; Has an exceptional sense of the structure of language

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Based upon your responses above, please provide one or more specific examples that illustrate this student's strengths and/or weaknesses in language.

Ali has an extensive vocabulary and he
uses it when he articulates a thought
and his writings

APTITUDE IN SOCIAL STUDIES

Comprehension

Reads extensively in social studies; Uses expressive and advanced social studies vocabulary;
Understands and can explain the main concepts or themes in what he or she reads

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Insight

Expresses an understanding of abstract or complex concepts in social studies source material;
Understands relationships and deeper meanings in what is read

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Reasoning in Social Studies

Compares, contrasts, and makes connections in social studies; Understands concepts of time and space;
Distinguishes among primary and/or secondary source materials

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Explanation in Social Studies

Develops logical and sequential oral or written responses in social studies;
Uses information gathered from research to document responses

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Communication Skills

Gives excellent responses, speeches or written reports supporting a central theme;
Uses particularly apt examples or illustrations from primary and secondary source materials

Below Age Peers

Consistent with Age Peers

Exceeds Age Peers

Far Exceeds Age Peers

Based upon your responses above, please provide one or more specific examples that illustrate this student's strengths and/or weaknesses in social studies.

*Extremely intelligent. worldly experienced.
Wish I had a class full of this young man.*

...coach, page created by Alison Whittington

Homecoming Queen Maliah Nicholas and King Jonathan Lopacki; NROTC Color Guard; Erik Rodolfo, Jared Downing, Tyler Duffin, Wyatt Shiley and Matt Zwirn



"... is heaven. The most astonishing moment of my life was when I won homecoming king. I was really surprised."
Jonathan Lopacki '13

"Osborn Park ■ ■ ■"

Hi-Jacket

8909 Euclid Avenue
Manassas, VA 20111
www.pwcs.edu/osbornpark
703.365.6500
fax 703.365.6798
enrollment 2776
seniors 671
juniors 727
sophomores 635
freshmen 743
staff 201

2013

Biotechnology Specialty School
Cardinal District
Northwest Region
Principal Neil Beech

Vol. 37



"... is a different experience. Being in the ROTC program is a great opportunity to represent the nation."
Jared Downing '13

"... is entertaining. I was nervous to march because it was in front of a lot of people, but I had to represent the Navy well."
Matt Zwirn '14
AA000124

exercise & assistance



Megan Morales

FRIENDLY HELPER Eric Meneff '13 hands Ashley Mitchell '13 a toy. "I help out by being a good friend and simply hanging out with them. I also take care of them and teach them right and wrong," said Eric.

CLEAN COTTON As an assistant in the nurse's office, Seleny Bonilla-Guevara '13 stocks supplies. "Seleny really helps us out a lot. She's a hard worker, and her dream is to be a nurse," said mrs. Tami Walrabenstein.

Megan Morales



36 members

Hannah Blum..... pres
Matt Smith vp
Allie Barbazette sec
Mary Coffman..... asst sec
Ashley Beaty..... asst sec
David Goss, Jr..... treas
Ray Emanuel..... pr officer
Lydia Stewart..... adv



Lydia Stewart

politics & posters

Making a campaign poster with Caroline Mulder '13, Allie Barbazette '16 runs for secretary. "I like being the secretary. I have been secretary for three years. I write our notes down," said Allie.

LEARNING COOPERATIVELY

Opportunities & New Friends

Members of the OPDOT-T and Best Buddies club worked together to learn and have fun. As a part of the "Ordinary People Doing Ordinary Things Together" club, members went on several different field trips to places like the Smithsonian Air and Space Museum and the local movie theater.

"The Air and Space Museum was really fun, exhilarating and cool because it gives people an opportunity to learn about aviation and the opportunity to be educated and informed about space," said Graham Calderwood '12.

Every Friday the club joined the Key Club at the bowling alley for ARC Bowling. "I started going to ARC Bowling for Key Club and got to know some of the nicest people you will ever meet. They are all so happy all the time and I have made some lasting friendships. It made me want to work with them so I became an aid for one of their classes," said McKenzie Blot '14.

In classes, students worked with the OPDOT-T members to strengthen their memory and developed strong relationships in the process. "I've worked with them for three years, and it's rewarding because I get to see the smiles on their faces after having learned something new," senior Emily Foltz said.

The OPDOT-T club learned through field trips and companionship. by Alison Whittington



Lydia Stewart

president & helper

Hannah Blum '14 poses with Taylor Whitten '13. "I was making a poster with Taylor," said Hannah. Hannah was campaigning for president.



Lydia Stewart

campaign & vote

OPDOT-T members make signs for their campaign. They 44000185 to organize and operate the club.

Career-Related Clubs

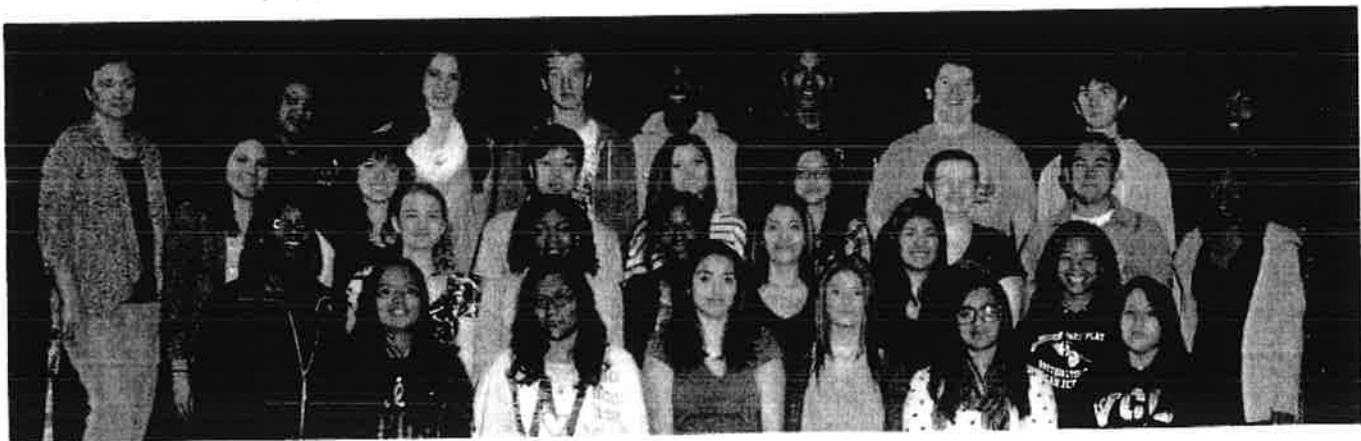
coverage: pages 44-45, 92-93 & 99-100



OPDOT-T Front Row: Ray Emanuel, Matthew Smith, David Goss Jr., Graham Calderwood. **Row 2:** Mrs. Lydia Stewart, Heather Davies, Michael Belt, Candice Horn, Seleny Bonilla-Guevara, Raven Carrington, Ashley Butler, Allie Barbazette, Hannah Blum, Kathy Chung, Briana Hilton, Betty Romero. **Row 3:** Devonte Belt, Ashley Beaty, Cynthia Hernandez, Erin Florence, Ali Amin, Emily Foltz, Leah Webb, Tammara Mahmoodi, Agnes Sevilla, Allison Kieffer, Cynthia Kovachik, Alethea McCord. **Back Row:** Jordan Stewart, Brandon Wilcher, Virginia Baisden, Jessica South, Johnathan Matty, Micheal Clatterbuck, Treyana Evans, Brennan Gappy, Kaylen Harrington, Dominique Luebecke, Shannon Ivey, Sandra Pritchard.



Biotech Front Row: Momina Khan, Jamie Yi, Monika Koirala, Tracy Trieu, Amber Wang, Joselyn Salguero, Abir Malik, Taylor Edwards. **Row 2:** Ms. Kate Ottolini, Kayla Waites, Muneeza Syed, Allison Gonzalez, Anna Hutagaol, Anum Chaudhry, Attiya Zafar, Karina Hernandez, Maria Asselanis. **Row 3:** Fabeha Zaidi, Sana Syed, Lashana Ali, Kelsey Brown, Irene Eshun, Raehil Iqbal, Kaelor Gordon, Afua Afrifa-Minka, Shivani Singh. **Back Row:** Melissa Angell, Abbas Idris, Fareed Beaini, Jason Zhang, Elijah Reese, Navpreet Saini, Alexander Afranie-Sakyi, Usman Syed, Stanislav Petrov, Mark Johnson.



HOSA Front Row: Cecilia Hernandez, Karina Hernandez, Agnes Sevilla, Tammara Fatah, Gharva Batul, Ashley Lowe. **Row 2:** Cierah Frederick, Michelle Jaye, Adama Kanu, Alicia Harris, Maria Avalos, Jhamila Ibnoujale, Raven Carrington. **Row 3:** Maria Luna Victoria, Calvin Trandai, Amber Fancher, Fabeha Zaidi, Alyson Petty, Andres Montesinos, Tiara Perkins. **Back Row:** Ellen Maika, Mariama Conteh, Gabrielle LaPorte, Michael Archer, Brandon Wilcher, Dominic Gonzalez, Michael Cornwell, Tyler Dymond, Alexander Ballard.

page created by Katie Krymetsky, photos by slietouch

AA000126

Clubs 247



February 11, 2015

Ali Shukri Amin
[REDACTED]
[REDACTED]

**Division of Strategic
Enrollment Management
Office of Admissions**

821 W Franklin Street
P.O. Box 842526
Richmond, Virginia 23284-2526

804 828-1222 • Fax: 804 828-1838
TDD: 1-800-828-1120
www.admissions.vcu.edu

Dear Mr. Amin:

Perhaps the greatest pleasure of my job is to invite students to become a part of what I believe to be Virginia's most dynamic university! I am delighted to inform you of your acceptance to Virginia Commonwealth University.

While I am sure this acceptance is exciting news, I realize that you may have questions regarding your enrollment at VCU. I encourage you to visit our campus, if you have not already done so. Information sessions and campus tours are held Monday through Friday at 10:30 a.m. and 2 p.m. and Saturdays at 10:30 a.m. (except holidays and holiday weekends) in our Welcome Center at 1111 West Broad St. Enclosed is your Certificate of Admission, which indicates your VCU Identification Number, any conditions of your acceptance and your residency status. Please review the information on this form for accuracy.

Also enclosed is your Handbook for Accepted students, which contains important information that will assist you as you prepare to enroll. In order to reserve your space at VCU, you will need to submit your tuition deposit, which you may pay by credit card online. Please visit the Web at www.ugrad.vcu.edu/tuitiondeposit.html or see page 2 of your Handbook for Accepted Students for directions about how to accept your offer of admission and how to submit your tuition deposit.

Please know that the entire admissions staff and I are always willing to assist you with your questions, and with facilitating contacts on your behalf with our academic programs. Once again, let me congratulate you on your acceptance to Virginia Commonwealth University.

I can assure you that you will find the quality of our academic programs, our diversity and our location in an exciting urban environment to be assets to your educational experience. I hope that you will decide to become a part of the VCU community.

Sincerely yours,

Sybil C. Halloran
Associate Vice Provost



VCU

**Division of Strategic
Enrollment Management
Office of Admissions**

821 W Franklin Street
P.O. Box 842526
Richmond, Virginia 23284-2526

804 828-1222 • Fax: 804 828-1899
TDD: 1-800-828-1120
www.admissions.vcu.edu

CERTIFICATION OF ADMISSION

Ali Shukri Amin

25 [REDACTED]
[REDACTED]

VCU Student Identification Number
V00750995

This notification confirms your eligibility to enroll at Virginia Commonwealth University for **Fall 2015**.
The details of your admission and enrollment are specified below.

School:	School of Engineering
Degree Sought:	Bachelor of Science
Major/Program:	Computer Science
Concentration:	
Advising Track:	Pre-Clinical Lab
Residency Status for	
Tuition Billing Purposes:	In-state Resident
Enrollment Status:	Freshman
Admission Decision:	Admit Pending Documentation
(Admission is subject to any conditions listed below)	

Conditions:

If you have not done so already, please ask your high school to send an official final transcript directly to the VCU Office of Admissions. In order to finalize your admission, this must be received within one month after you begin courses at VCU.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INSTITUTION

AA000128

REENTRY AND COUNTER- RADICALIZATION



Youth Foundation for Networking & Friendship
6506 Loisdale Rd, #LL10
Springfield, VA 22150
202-780-9363

August 17, 2015

Attn: Amani Ibrahim
2114 Carthage Drive,
Woodbridge, VA 22191

Re: **Ali Shukri Amin**

Dear Ms. Ibrahim:

Thank you for the referral of the above-referenced, Ali Shukri Amin, and for considering him for the Youth Foundation for Networking & Friendship's Islamic Youth Rehabilitation Program.

After careful review of all submitted paperwork, we are formally accepting Ali Shukri Amin to the Islamic Youth Rehabilitation Program. He meets eligible requirements for participation and has been identified as an acceptable candidate for this program.

Again, thank you for considering Youth Foundation for Networking & Friendship's Islamic Youth Rehabilitation Program.

Sincerely,

Iman Gariballa
President
Imam and Muslim Community Leader



Youth Foundation for Networking & Friendship
6506 Loisdale Rd, #LL10
Springfield, VA 22150
202-780-9363

Presents

ISLAMIC YOUTH REHABILITATION PROGRAM

TABLE OF CONTENTS

1.0 INTRODUCTION	1
2.0 OBJECTIVES	2
3.0 PROCESS	2
3.1 Intake and Evaluation	2
3.2 Disengagement	2
3.2.1 Housing and Computer Access:	2
3.2.2 Mental Health Counseling:	3
3.3 De-radicalization	3
3.3.1 Religious studies and Spiritual Counseling:	3
3.3.2 Reconstruction of Values:	3
3.3.3 Safe Space for Discussion:	4
3.4 Reintegration	4
3.4.1 Education:	4
3.4.2 Civic Engagement:	4
3.4.3 Prevention:	4
3.4.4 Family Visitation:	5
4.0 EVALUATION & REPORTING	5



Youth Foundation For Networking & Friendship
Islamic Youth Rehabilitation Program
Page 3



AA000132



Youth Foundation for Networking & Friendship

6506 Loisdale Rd, #LL10

Springfield, VA 22150

202-780-9363

1.0 INTRODUCTION

Youth Foundation for Networking & Friendship (YFFNF) is a venue bringing together youth of diverse backgrounds, interests and cultures to share their experiences, learn from and help each other as they build networks and friendships. The Youth Foundation for Networking & Friendship is responsible for creating and providing recreation, leisure and community services necessary to promote public well-being, advocacy and quality of life for youth.

Traditional incarceration provides little opportunity for meaningful rehabilitation for youth radicalized into an extremist world view. The Islamic Youth Rehabilitation Program is a subset for the YFFNF that will assist youth who have become involved in supporting terrorist groups and/or extremist ideology through an intensive rehabilitation program that includes reintegration. YFFNF exclusively assist adolescents ages 13 – 21 at the time of admission.

This program builds on the knowledge and experience gained from gang violence rehabilitation and will focus on three main areas for rehabilitation post-incarceration:

1. Disengagement from violent extremist and terrorist groups
2. De-radicalization from extremist ideology and re-education
3. Reintegration into society as civically and socially engaged citizens

Whereas the disengagement and reintegration components are similar to gang violence rehabilitation, the difference in this approach will be the addition of a de-radicalization component. This will be administered by the faith community to deconstruct the ideology of extremism at its core, and re-educate the individual on being a civically engaged and productive citizen of America.

The program would utilize the services of licensed mental health professionals with cultural awareness, spiritual and religious counselors to help foster a deeper understanding of religion while deconstructing the ideology of terrorist organizations, and social workers to help develop a healthy integrated identity through appropriate and positive connections to both faith communities and the mainstream American communities. References and professional resumes'/CV's or program counselor, facilitators, and faculty are available upon request.



2.0 OBJECTIVES

The objectives of the program are to:

- Convince the youth to renounce his affiliation with extremist groups
- Dissuade the youth from violence and extremist ideology
- Facilitate the youth re-entry into society as productive members of society
- Engage the youth and/or his family to act as resources for preventing future recruitment

The Program will assist the youth with setting and achieving personal, educational/occupational and civic goals conducive to an integrated, socially constructive, and faithfully observant life. The program will build on the work parents and educators have done such as: Courage, Self-confidant, Freedom from resentment and regrets, Peace of mind, Ability to fully express their feelings.

3.0 PROCESS

The program will be conducted in different stages as described below. Any sustained failure to navigate a stage will trigger a review process, and the youth ability to stay in the program will be evaluated in case of such failure.

3.1 Intake and Evaluation

The youth and his/her parents/guardians who have agreed to support the youth will be evaluated for their general suitability prior to acceptance into the program. The youth will be educated regarding the program, and will sign contracts that will spell out his responsibilities and roles in the program.

3.2 Disengagement

3.2.1 Housing and Computer Access:

For the first year after release from prison (or as specified by the Department of Justice), youths will live under supervision in a halfway house so that there is active supervision, support and engagement. Active supervision will include curfew, chaperoning, monitored computer access, and other elements to create a safe structure during the program. This



component will supplement the appropriate monitoring program as required by the Department of Justice. The halfway house supervisor will agree to the installation of monitoring software on all computers and telephones to which the youth has access, similar to that used to monitor offenders in child pornography cases. The youth will be prohibited from owning a cell phone for the duration required by the Department of Justice.

3.2.2 Mental Health Counseling:

The youth; will participate in regular individual mental health counseling sessions with a licensed mental health professional as approved by the court. The youth will also participate in family therapy sessions if indicated. This may include group sessions with parents, siblings, and extended family members of the youth to redefine relationships and promote healthy family dynamics. The mental health counseling would be under the administration of the halfway house.

3.3 **De-radicalization**

Upon successfully completing the disengagement stage the youth will be advanced to the de-radicalization stage. The focus of this stage is to teach normative values, actively confront distortions to the core teachings, and encourage the peaceful implementation of the youth's faith. This component will also focus on confronting the misuse of social media that contributes the development of false beliefs and isolation of communities.

3.3.1 Religious studies and Spiritual Counseling:

The youth will be receiving on a daily basis 1-2 hours of religious education and spiritual counseling. This part of the program will focus on a systematic understanding of the values of religion, the requirement of integrating religious identity with civil responsibility, and how the young individual fits into a modern Western society.

3.3.2 Reconstruction of Values:

The youth activities and views that he has espoused subscribed or participated in to achieve political, religious, or cultural agendas through violence will be challenged and deconstructed through an understanding of the mainstream meaning and values of religion and particularly its emphasis on mercy, family, community and non-violent conflict resolution.



3.3.3 Safe Space for Discussion:

The program will ensure youth access to a network of educated, intellectual, and knowledgeable role models able to engage on challenging topics and provide peaceful alternatives that are consistent with traditional faith traditions and references. Through active and enriching study of multiple religious source texts this 'safe space' will provide a forum for discussion about challenging religious and moral questions central to the issues that led the youth to subscribe to radical beliefs and those that they may not have but might turn their attentions in a positive direction.

3.4 **Reintegration**

Upon successfully completing stage 2 and 3 (disengagement and de-radicalization), the youth will be advanced to stage 4 (Reintegration).

3.4.1 Education:

The youth will be required to pursue educational or vocational goals by attending classes to complete his high school degree, or at an accredited university or community college.

3.4.2 Civic Engagement:

The youth will be required to complete community service and community engagement activities. Service would focus on traditional community contributions such as soup kitchens and clean-ups. Community engagement will focus on interfaith activities aimed at building common understanding and coalitions for peace and justice without violence.

3.4.3 Prevention:

The family of the youth will agree to be a resource to the community in combating the recruitment of other youth by extremist groups. As judged appropriate, the youth, under supervision, would also work towards helping other youth leave extremist groups. As learned from experience in the de-radicalization of right-wing extremists, formers can play an extremely influential role in being a deterrent to joining, and as asset in helping people exit.



3.4.4 Family Visitation:

Supervised and monitored family visitation and community engagement will be encouraged for successful reintegration back into the community and society. Peer engagement and appropriate socialization will also be emphasized to minimize the isolation and lack of assimilation.

4.0 EVALUATION & REPORTING

This post-incarceration rehabilitation program is expected to continue for 12-36 months, as determined by the program official and approved by the Department of Justice. Monthly reports/evaluations will be made available to the Department of Justice as needed to comply with any sentencing requirements by the court.



AA000137

APPENDIX

- Hartford Seminary Graduation Certificate
- Association of Muslim Chaplains - Membership
- Association of Muslim Chaplains – Counseling Muslims
- Association of Muslim Chaplains – Effective Chaplaincy
- Disaster Chaplain Training Certificate
- Letters - INOVA Fairfax Hospital



AA000138

HARTFORD SEMINARY

Hartford, Connecticut

It is hereby certified that

IMAN GARIBALLA

has satisfactorily completed the requirements for the graduate certificate in

Imam and Muslim Community Leadership

Awarded the 21st day of October in the year Two Thousand and Fourteen


Uriah Kim
Academic Dean




Heidi Hadsell
President

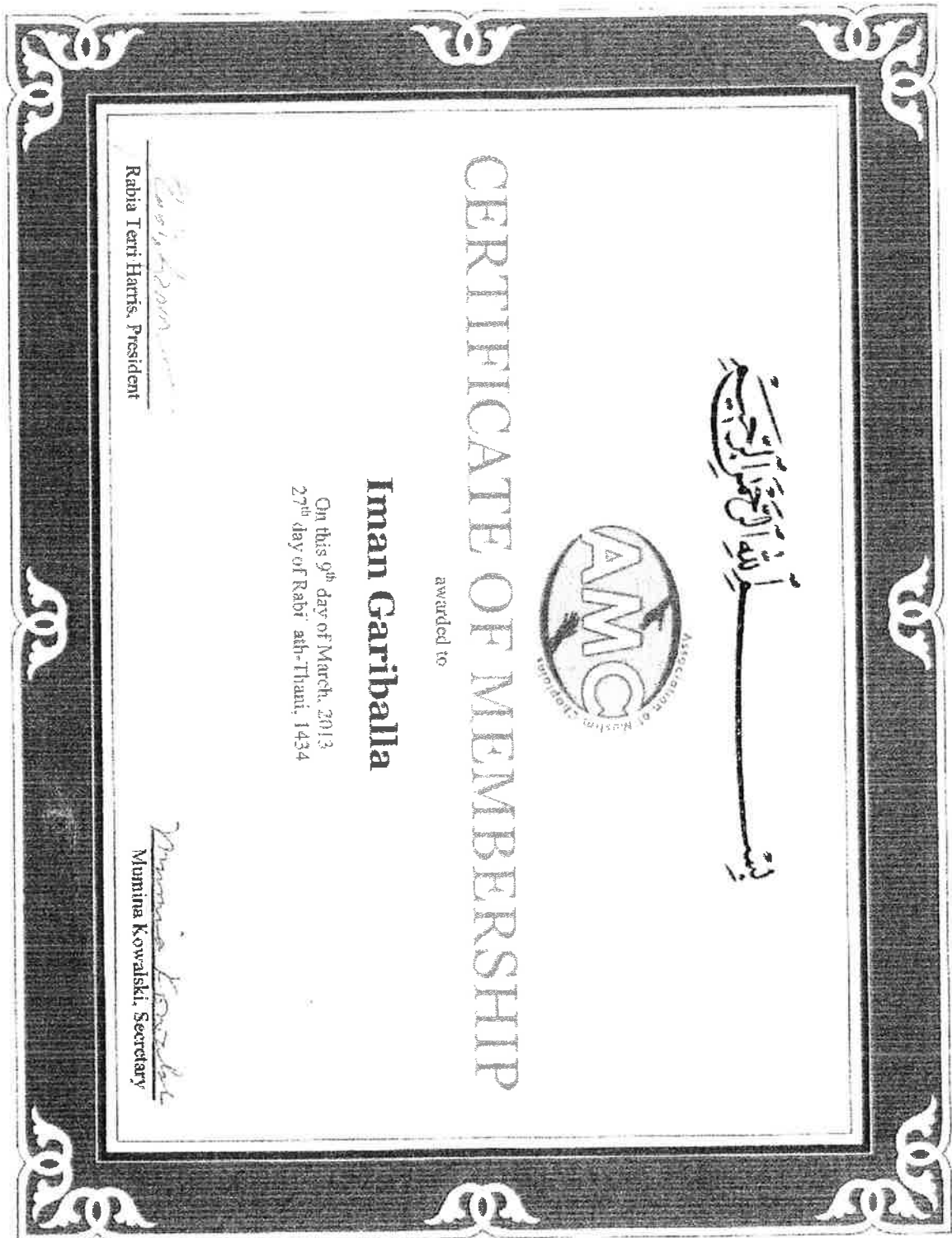


AA000139

Youth Foundation For Networking & Friendship
Islamic Youth Rehabilitation Program
Page 11



AA000140



AA000141

Continuing Education Units

(CEU)

This certifies that

Iman Gariballa

Has successfully completed


"Counseling Muslims: The Basics"


Organized by the Association of Muslim Chaplains (AMC), The International Institute of Islamic Thought (IIIT) and the Islamic Seminary Foundation (ISF)




On June 23, 2012 for a total of 1 (one) CEU credit granted by:

Cordoba University Graduate School of Islamic and Social Sciences (GSISS)


Dr. James E. Jones
President ISF
Visiting Professor, GSISS


Dr. Abubaker Ashingetti
Executive Director IIIT


Chaplain Rabia Harris
President AMC



AA000142

Youth Foundation For Networking & Friendship
Islamic Youth Rehabilitation Program
Page 14



AA000143

Continuing Education Units

(CEU)

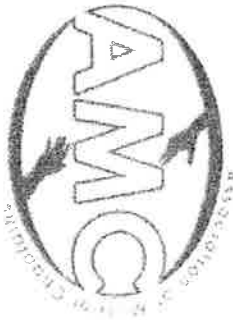
This certifies that

Iman Gariballa

Has successfully completed


"Effective Chaplaincy in Various Settings"

Organized by the Association of Muslim Chaplains (AMC), The International Institute of Islamic Thought (IIIT) and the Islamic Seminary Foundation (ISF)




On June 24, 2012 for a total of 1 (one) CEU credit granted by:

Cordoba University Graduate School of Islamic and Social Sciences (GSISS)


Dr. James E. Jones
President ISF
Visiting Professor- GSISS


Dr. Abubaker Alshingeti
Executive Director IIIT


Chaplain Rabia Harris
President AMC



AA000144





National Disaster
Interfaiths Network

DISASTER CHAPLAIN TRAINING

This certifies that

Iman Gariballa

has completed a 16-hour curriculum* in

Disaster Spiritual Care, Field Operations, Disaster Mental Health, and Self-Care

JUNE 4-6, 2013

Scott Greenberger
Instructor

David Stander
Instructor

*NIDM Disaster Chaplain Course is compliant with NIMS (National Incident Management System) and includes FEMA Incident Command System (ICS) 100 training and certification. The course also conforms to the National VOAD Policy of Consensus for Disaster Spiritual Care.

In partnership with **New York Disaster Interfaith Services (NYDIS)**
4 West 43rd Street, Suite 407, New York, NY 10036



AA000146



3300 Calverton Road
Falls Church, VA 22042
p 703-276-4601

March 12, 2014

To Whom It May Concern,

This is to confirm that Iman Gariballa has been serving as a Chaplain to Muslim patients at our medical hospital for several years.

She is very responsible, even making special trips to visit patients in critical condition.

If you have any questions, the Chaplains office telephone number is 703-776-3767.

Respectfully yours,

A handwritten signature in cursive script that reads "Don Friedly".

Chaplain Don Friedly

PRN Office Manager



AA000147



3300 Calhoun Road
Falls Church, Virginia 22042

tel 703 776-1001

September 25, 2014

TO WHOM IT MAY CONCERN

Iman Gariballa has served at Inova Fairfax Medical Campus as a Pastoral Visitor Volunteer. Her assignment includes providing spiritual care support to our Muslim patients. This includes all of the hospital units. She provided care to persons with minor and major illnesses; with life limited illnesses and those in various degrees of distress.

Ms. Gariballa demonstrated excellent compassionate and active listening skills by meeting the patients where they were and assisting this in using their personal resources to make it through the difficult time. She assisted with reconciliations among family member and advocated for the patients. On one occasion Ms. Gariballa was available for the wife of a patient who had pancreatic cancer. When his diagnosis was given, the wife went into a stage of shock and denial; to the point where she was not able to communicate or function. Ms. Gariballa comforted her and provided encouragement such that the wife was able to move to acceptance and function again.

Ms. Gariballa was flexible with her time and would frequently come in during late hours so that she could be at the hospital when family member were present. She demonstrated the ability to work with others and often provided insight to other volunteers in the office.

She has been a great asset to our Pastoral Care Department.

Sincerely,

A handwritten signature in cursive script that reads 'Mary Barrino-Smith'.

Mary Barrino-Smith, MDiv, bcc
Pastoral Care Department Manager



AA000148



"The youth of a nation are the trustees of posterity"
Benjamin Disraeli (1804 – 1881) British politician and author



AA000149

MISCELLANEOUS

New Details On Virginia Teen Turned ISIS Recruiter: 'We Were Hipsters. We Liked ISIS Before It Was Popular'

Posted By [Erica Wenig](#) On 8:41 PM 06/21/2015 In | [No Comments](#)

-
- [Tweet](#)
-

The 17-year-old Virginia boy who admitted to running a pro-Islamic State Twitter account befriended a Finland-based fundamentalist two years before.

"Abdullah," a 20-year-old Muslim convert, revealed his connection to Ali Shukri Amin and analyzed the phenomenon of online radicalization, speaking with The Daily Caller News Foundation over Skype Wednesday.

He declined to disclose his Finnish name, preferring to go by Abdullah. His connection to Amin has been independently verified by TheDCNF.

TheDCNF contacted Abdullah via Twitter after he tweeted that he knew @AmreekiWitness, referring to Amin's Twitter persona. Although Amin's case drew publicity after pleading guilty to conspiring to provide material support for the Islamic State June 11, his path toward extremism remains unclear. **(RELATED: The Story Behind 'AmreekiWitness,' The 17 Year-Old Tech-Savvy Virginian Who Ran An ISIS Twitter Account)**

The young, fundamentalist Muslims connected over social media, and at certain points, Abdullah and Amin were speaking every day. They used messaging apps like Kik and WhatsApp, as well as Skype. Abdullah scrolled through some Kik messages he'd shared with Amin, showing TheDCNF over video chat.

This is believed to be Ali Shukri Amin's profile on Kik, a messaging app he used to communicate with Abdullah.

"We had a really close relationship even though we lived in different countries," said Abdullah.

Their interactions ranged from discussing Islamic ideology to sharing holiday pictures. Abdullah showed TheDCNF a selfie Amin took during a trip to Niagara Falls.

Abdullah showed The DCNF a picture he says Amin sent him while in Niagara Falls.

Abdullah was unaware of Amin having any hobbies or enjoying sports, emphasizing Islam was the main focus of Amin's life. "Islam... draws a person away from useless spending of time. It's just the way Islam is by nature," said Abdullah. "He [Amin] was religiously motivated from a young age."

Amin's mother and family "did try to call him away," says Abdullah. "They tried to pull him away from extremism."

"With young people, it's easy to have a different online persona. It's easy to be radicalized without your family even knowing it," said Abdullah. And he would know.

Abdullah once ran the second most followed pro-Islamic State, English-language Twitter account, using the handle @Mujaahid4Life, according to Newsweek. After converting to Islam in 2012, Abdullah prepared to join al-Qaida's affiliate in Syria in 2013 but was stopped by Finnish authorities.

"When they [converts] don't know the religion and they don't have anything to guide them, it's very easy for them to become radicalized," said Abdullah.

Yet it wasn't until Abdullah saw the Islamic State behead British aid worker Alan Henning in 2014 that doubts about the terror group's methods began filling his mind. In January, he started reading Islamic theology and couldn't find anything to justify the Islamic State's actions.

Abdullah says he started to fall out of jihadi circles online in April. After taking a hiatus from social media, Abdullah has now returned to Twitter and seeks to counter the Islamic State's extremist messages.

"I don't support any terrorist groups, but I still believe in a fundamentalist interpretation of Islam," Abdullah told TheDCNF.

Screenshot of Abdullah's Twitter page

During the height of their online connection, Abdullah and Amin were vocal supporters of jihad. "We were like hipsters," said Abdullah. "We supported ISIS before it was popular. We weren't floating with the trend."

Communication dwindled late last summer, when Amin told Abdullah he felt the authorities were watching him and wanted to lower his profile.

Abdullah sent TheDCNF a screenshot of text messages he says are from Amin, sent last September. They reveal details about the involvement of law enforcement officials and Amin's attitude in the months leading up to his arrest.

Abdullah provided this screenshot to The DCNF, purportedly showing messages between him and Ali Shukri Amin from September of 2014.

"They said they've been watching me for a year," wrote Amin.

If referring to the FBI, as Abdullah claims, it contradicts a statement made by Andrew McCabe, assistant director of the FBI's Washington Field Office. McCabe claimed the agency was first tipped to Amin's support for the Islamic State in November of 2014, as reported by The Washington Post.

But if Amin's text is accurate, the FBI had been watching him since at least September of 2013. It also implies agents spoke to Amin directly, although nothing of this nature was revealed by court documents or the press.

TheDCNF contacted another of Amin's online contacts to investigate further. Mubin Shaikh, a former jihadi supporter, renounced his views and became an undercover agent for Canadian intelligence, working to foil terrorist plots.

After being contacted by TheDCNF via Twitter, Shaikh agreed to speak over the phone Friday. Shaikh says he became acquainted with Amin over social media last year.

He explained his connection with Islamic State supporters online, saying: "I engage them to talk them out of it, as much as possible," said Shaikh. "[I try to] at least plant seeds of thinking, because a lot of these guys, they don't think."

This is Mubin Shaikh's Twitter profile picture, using the handle @CaliphateCop.

From the start of Shaikh's conversation with TheDCNF, he described Amin as "an angry young man."

Shaikh says Amin told him the FBI officials were talking to his friends and later visited his home. He didn't know the date the purported meeting took place. According to Shaikh, Amin's mother "freaked out" and made him live with a cousin for an indefinite amount of time.

"I told him that this is serious," said Shaikh. "They don't just show up for no reason." The extremist says he tried convincing him to stop, but Amin acted like everything was in God's hands.

Shaikh said Amin's perspective was naive and that the young Virginia teen was "too smug for his own good."

In the latter messages of Amin's texts with Abdullah, he says: "So Allahu alam [God knows best]. Maybe the duroos [lessons] on Amreekis Twitter was too much for them." Amin refrained from writing in first person for security reasons, referring to his Twitter handle in third person, according to Abdullah.

"But they have no proof for anything," wrote Amin, convinced he'd outsmarted law enforcement.

With an apparent sense of defiance, Amin's allegiance to the Islamic State rose to an entirely new level. He began trying to convert an 18-year-old to radical Islam, according to Amin's plea agreement, obtained by TheDCNF.

Then, Amin connected Reza Niknejad to an Islamic State supporter abroad in late November or early December. Amin had Islamic State contacts in Iraq and Syria but especially the latter, says Abdullah.

The details of the connection between Amin and Niknejad are limited. They were both born abroad — Amin in Sudan and Niknejad in Iran, becoming American citizens in early youth. And they attended Osbourn Park High School in Manassas. Niknejad graduated in 2014 and Amin planned to graduate last week.

"My understanding was that he [Amin] was a good student," said Abdullah. "He never mentioned any issues with school because he was such a regular student." Amin spoke perfect English and also knew the Sudanese dialect of Arabic, Abdullah added.

Although it is unclear whether Amin tried to convert anyone else in his community, Abdullah says Amin sent him two or three private audio links to lessons he taught at a mosque in Woodbridge. The only mosque with a Woodbridge address is Masjid Al-Falah, but a spokesperson did not respond to TheDCNF's calls or email for comment.

Amin connected Niknejad with an Islamic State supporter abroad in December, according to his plea agreement. The jihadi sent Amin a package with supplies to help Niknejad join the Islamic State in early January, but the FBI intercepted it.

Abdullah says he last spoke with Amin in January. Amin mentioned an "Iranian brother" and convert to Islam, but never mentioned Niknejad by name.

On Jan. 14, Niknejad told his family he was going camping, and it was the last time they saw him. An unidentified accomplice, who also attended Osbourn Park High School, drove Amin and Niknejad to Dulles International Airport.

During the ride, Amin told Niknejad how he could connect with Islamic State sympathizers in Turkey, crossing into jihadi-held territory in Syria, according to his plea agreement. A few days later, an Islamic State militant confirmed Niknejad's arrival to Amin.

"I don't want to defend Ali. I condemn his actions but I can't condemn him as a person, per say," said Abdullah. "He wasn't an evil person. He wasn't someone who was evil by his character"

Amin spoke about joining the Islamic State abroad but didn't think he could do it yet, according to Abdullah. "I don't remember the exact reasons he gave," added Abdullah, admitting it could have been in Amin's future plans.

But he never had the chance. In February, Amin was arrested. After hearing the news, Abdullah says: "I was really sad. He's [Amin] such an intelligent person. I thought he would have gone away from extremist ideologies."

TheDCNF asked Abdullah why Amin adopted radical Islam, and speaking generally, he said radicalization can be related to identity issues. Young Muslims feel discord between adhering to traditional values while living in a secular, Western environment.

But others are just looking for an ideology to "latch onto," according to Abdullah.

"I do miss our conversation. I miss him as a person, but what he did was wrong," said Abdullah. "I do pray he is really able to de-radicalize himself somehow, because he would be a huge help to counter-terrorism," said Abdullah.

Abdullah asked to remain anonymous, fearing for his family's safety after coming out against the Islamic State online. "I face a lot of abuse from pro-ISIS supporters," said Abdullah.

He says no U.S. law enforcement officials have contacted him, despite having had frequent contact with Amin.

The FBI declined to comment on any aspect of this article.

Follow Erica on Twitter

Content created by The Daily Caller News Foundation is available without charge to any eligible news publisher that can provide a large audience. For licensing opportunities of our original content, please contact licensing@dailycallernewsfoundation.org.

Article printed from The Daily Caller: <http://dailycaller.com>

URL to article: <http://dailycaller.com/2015/06/21/new-details-on-virginia-teen-turned-isis-recruiter-we-were-hipsters-we-liked-isis-before-it-was-popular/>

Copyright © 2011 Daily Caller. All rights reserved.

AA000153